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Annual Report

OF THE

ALBERTA
NURSING HOME
PLAN

1968



HOSPITAL SERVICES SECTION

DEPARTMENT OF HEALTH

PROVINCE OF ALBERTA

J. D. CAMPBELL, M.Com. (Queen's) F.C.A., R.I.A.

Deputy Minister of Hospital Services

ANNUAL REPORT

of the

ALBERTA NURSING HOME PLAN

1968

June 20th, 1969.

TO HIS HONOUR, J. W. GRANT MacEWAN,
Lieutenant Governor of the Province of Alberta.

SIR :

I have the honour to transmit the Annual Report of the Alberta Nursing Home Plan, Hospital Services Section, Department of Health, for the period 1st January to 31st December, 1968.

I have the honour to be, Sir,

Your obedient Servant,

J. D. HENDERSON,
Minister of Health.

June 20th, 1969.

TO THE HONOURABLE MR. J. D. HENDERSON,
MINISTER OF HEALTH,
Administration Building, Edmonton, Alberta.


SIR :

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Deputy Minister of Hospital Services.



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INTRODUCTION

This report is for the calendar year ending 31st December, 1968. It covers the operation of Alberta's Nursing Home Plan operated under The Nursing Homes Act which came into force 1st April, 1964.

As stated in previous reports, the major characteristics of the Nursing Home Plan is to provide for personal care to those residents of the Province of Alberta who require personal care and are unable, due to varying circumstances, to provide personal care for themselves. The use of institutions in this area presents a definite challenge, sociological in nature, to attain the atmosphere of the home on a comparable basis to that which would exist in the patient's own home surroundings. In recognition of this problem the report has indicated various bench marks indicative of steps taken and encouragement given to the operators to reduce the significance of the gap existing in the institutionalized accommodation.

With the development of facilities adapted to the provision of nursing home care, the first step has been taken in meeting the problem of providing a source of care to the residents of the Province of Alberta which was and still is needed. The major problem which is still with us and which will be given close attention, both at present and in the future, is the manner of making the most effective utilization of the facilities available. The report in an indirect way provides data covering this feature as applied to the calendar year 1968.

The decision made by the Government on 1st July, 1967, of restricting future expansion in the development of facilities in the nursing home field to non-private and voluntary sources is having a gradual effect in increasing the participation of the municipalities in taking an active part and ownership in the nursing home field. It is hoped that the relegation of the ownership of the facilities to this level will result in a corresponding increased interest on the part of the municipalities in the function and development of the nursing home concept of "a home away from home" within their area of interest.

Certain financial restrictions did exist as to the borrowing of funds by municipalities through the Alberta Municipal Financing Corporation in 1968 which affected the number of starts made in the construction of municipal nursing homes. With the easing of the financial pressures during the latter part of 1968 and early 1969, the nursing home construction under the jurisdiction of district boards showed a corresponding increase. New beds under construction, plus those in the planning stage at 31st December, 1968, amounted to 884. The majority of these will be under the jurisdiction of the district boards.

Although it is difficult to measure the effect of the provision of nursing home accommodation in respect to the demand for hospital accommodation, evidence is available to support the economics of the Plan. This is evidenced by the reduction in the potential demand for increased hospital accommodation and the resulting construction in this area.

As stated in the 1967 Annual Report, the increase in the level of support under the Old Age Assistance Program by the Federal Government was reflected in that the number of Alberta residents under subsidy through the Alberta Nursing Home Plan increased from 74.4% in 1966 to 86.7% in 1967. A further increase to 89.9% occurred in 1968, a clear indication that the increase in the old age assistance permitted an additional number of persons to pay their own way under the Nursing Home Plan, thereby reducing the number requiring assistance from the Department of Welfare. With the increase in the amount payable by an approved patient subsequent to 1st January, 1969, from \$3.00 to \$3.50, an increased number of patients became eligible under Welfare and it is anticipated that the percentage referred to above will decline during the calendar year 1969.

The increased utilization of the nursing home facilities arising out of the two major factors of increasing population and increased awareness and acceptance of the Nursing Home Plan by the residents of the Province of Alberta is reflected in an increase of 111,000 days of care in 1968 over 1967, or an increase of 12.2%.

The report to the Minister of Health with the recommendation for the year 1969 covering a review of the costs of operating nursing homes under contract up to the 30th of June, 1968, is included in the Appendix for information purposes. The major problem facing the Provincial Government as the subsidizing agent is to be able to assure themselves that the services underlying the subsidy payment are being received by the subsidized residents.

As in previous years, the inspection of existing nursing homes made during 1968 indicates that progress is being made in the gradual improvement and more effective utilization of the nursing home facilities. In May, 1968, Miss L. P. Blais, R.N., was added to the inspection staff of the Nursing Home Section with the primary purpose of giving a greater degree of attention to the personal care profile provided within the nursing home complex. Variations still exist between the level of care provided by different owners. The owners have indicated a receptive attitude to suggestions for improvement and their level of co-operation is appreciated. The measure of dedication on the part of the owners is commendable.

In line with the Government's desire to co-operate with the owners of the nursing homes, a series of indices were developed during the year 1968. This development was carried out by the Division of Hospital Services of the Department of Health from the monthly returns which were submitted by the nursing homes and were provided to the nursing home operators on a quarterly base, together with cumulative data throughout the year. The reaction to this particular step which was taken has been appreciated by the owners since it gives them an opportunity to compare their individual operation with that of the group within which they fall. In setting up the indices it was considered advisable that three main groups should be presented, namely, the nursing homes in Calgary and Edmonton as the first group; the nursing homes in other cities as the second group; and the remainder as the third group. The information presented in the indices enables the Provincial Government to maintain up-to-date data in respect to the changing cost picture and serves as a basis underlying the negotiation of the rate structure involved in the subsidy.

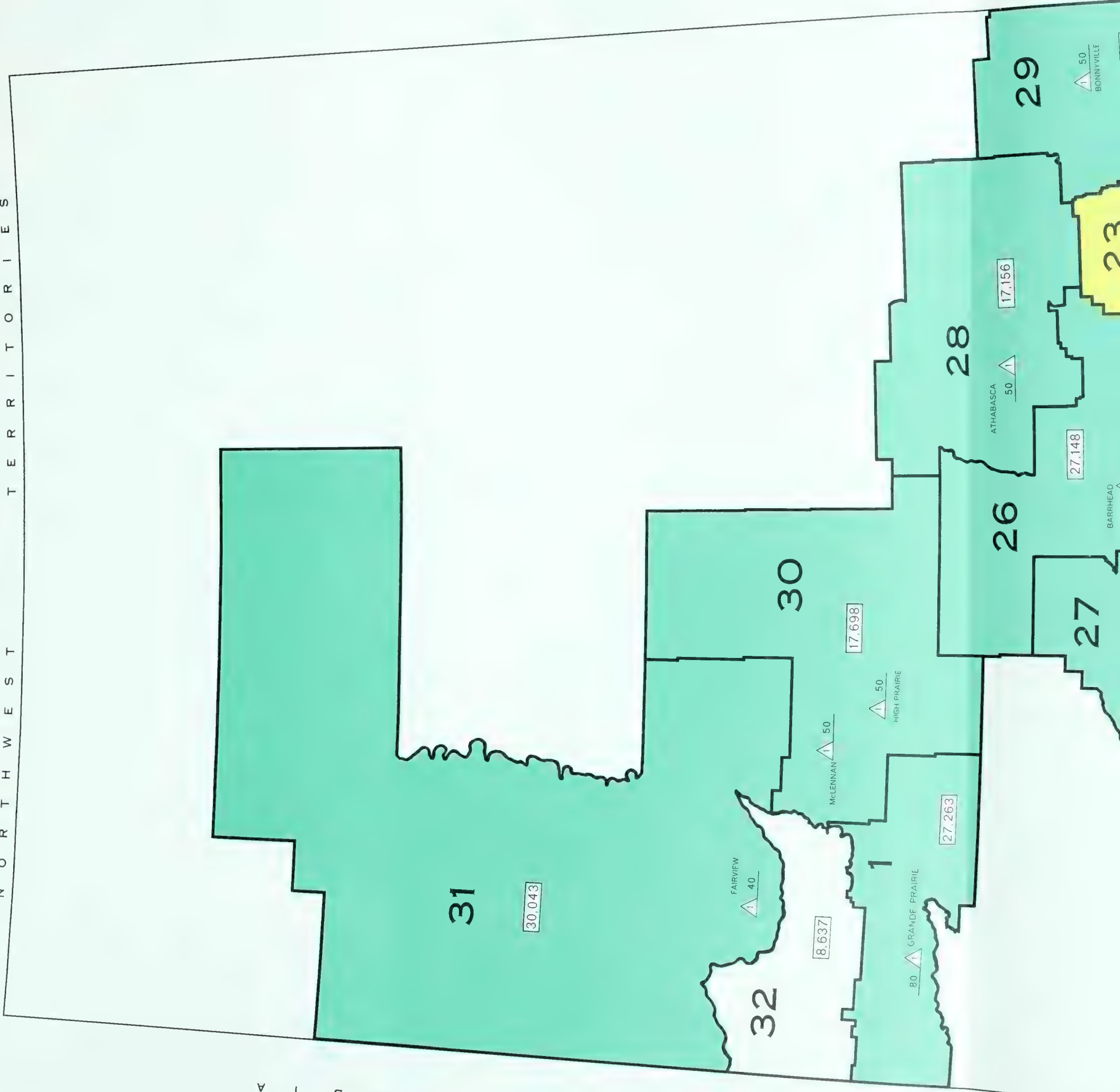
The Alberta Nursing Home Plan is serving a useful purpose in meeting a distinct need in the area of personal care for the residents of the Province of Alberta. It may be categorically stated that this service is being provided at a cost which is lower than would have resulted had the Plan not been implemented. The results as stated have been attained through a combination of the efforts of numerous groups working together in a dedicated manner towards the attainment of the central objective of providing the necessary personal care for those residents who are unable to provide that care for themselves. The detailed data supporting the above claim forms the nucleus in the form of statistics of this report.

To the extent that the present reports reflect improvement over the previous year, the appreciation of the Provincial Government representing the residents of Alberta must be expressed.

N O R T H W E S T T E R R I T O R I E S

B R I T I S H C O L U M B I A

S A S K A T C H



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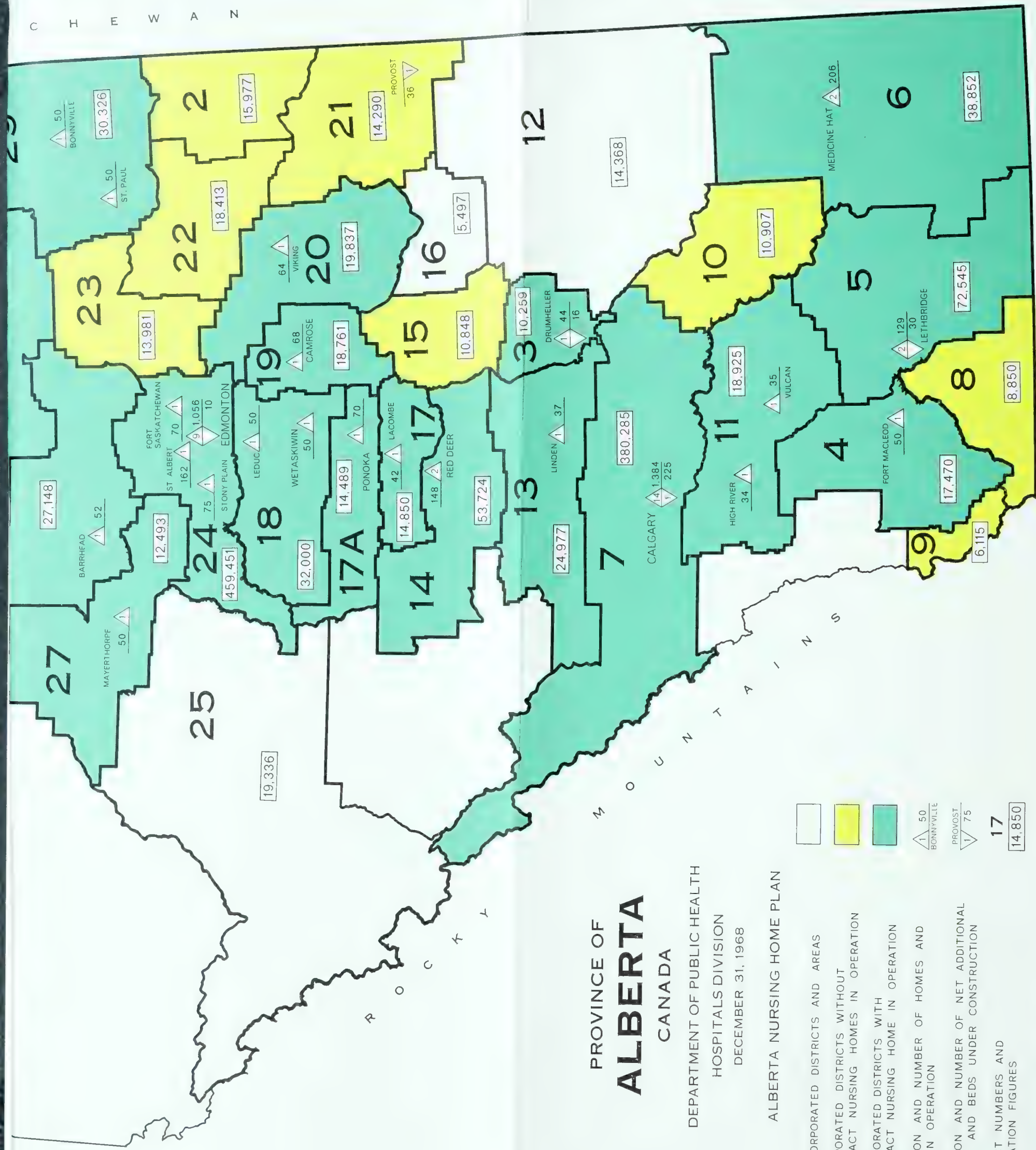
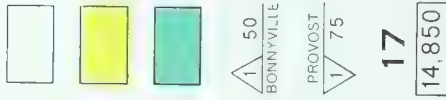
M O N T A N A

PROVINCE OF ALBERTA CANADA

DEPARTMENT OF PUBLIC HEALTH
HOSPITALS DIVISION
DECEMBER 31, 1968

ALBERTA NURSING HOME PLAN

UNINCORPORATED DISTRICTS AND AREAS
INCORPORATED DISTRICTS WITHOUT
CONTRACT NURSING HOMES IN OPERATION
INCORPORATED DISTRICTS WITH
CONTRACT NURSING HOME IN OPERATION
LOCATION AND NUMBER OF HOMES AND
BEDS IN OPERATION
LOCATION AND NUMBER OF NET ADDITIONAL
HOMES AND BEDS UNDER CONSTRUCTION
DISTRICT NUMBERS AND
POPULATION FIGURES



1. ADMINISTRATIVE RESPONSIBILITY

The responsibility for the administration of The Nursing Home Plan is shared by the Nursing Home District Boards and the Hospital Services Section of the Department of Health.

A. Nursing Home District Boards

The decision to bring local boards into active participation under the plan was based upon the principle that local communities or districts are in a favourable position to assess local needs.

The province was originally divided into thirty-two potential auxiliary (long-term care) hospital districts. It was considered advisable to utilize the same geographical divisions for the purpose of setting up nursing home districts to eliminate a proliferation of boards.

Eighteen of the thirty-two districts were formally incorporated as auxiliary hospital districts under The Alberta Hospitals Act. The boards of the incorporated auxiliary hospital districts were vested with the power to construct and operate auxiliary hospitals. The Nursing Homes Act permitted these same boards to apply for the additional power to provide for nursing home facilities. Seventeen of the districts have done so and are now known as auxiliary hospital and nursing home districts. Since the passing of The Nursing Homes Act, ten of the fourteen areas not incorporated at that time as auxiliary hospital districts have been incorporated as nursing home districts. One of the ten, formerly known as the Lacombe-Ponoka Nursing Home District No. 17, was subdivided in 1967 into two separate districts now known as the Lacombe Nursing Home District No. 17 and the Ponoka Nursing Home District No. 17A. As a result there are now eleven nursing home districts whose respective boards are vested with the power to provide for nursing home facilities only.

The map included in this report indicates the incorporated districts with nursing home facilities in operation and under construction, the incorporated districts without nursing home facilities and the non-incorporated districts at 31st December, 1968.

The incorporated districts are referred to in the balance of this report as "districts".

The primary responsibility of the district boards under The Nursing Homes Act is to provide for nursing home facilities. Every district board is therefore required to develop a nursing home program for the district which must be approved by the Minister of Health. Of the twenty-eight districts which have the authority to provide for nursing home facilities twenty-one have nursing homes in operation; one has a nursing home under construction; four others are planning to build during 1969 and the other two are in the initial stages of planning. Table No. 32 in the Appendix lists all districts and all nursing homes in operation or under construction at 31st December, 1968.

District boards assume the responsibility for the establishment of district assessment committees. These consist of representatives of the medical profession and health and welfare agencies. In districts served by auxiliary hospitals, existing medical assessment committees for auxiliary hospitals are used for this purpose.

Under section 8 of the Act, district boards have the power either to construct and operate nursing homes or to delegate the construction and operation to some other organization or person. The right to delegation does not imply an abrogation of the responsibility. In June 1967, a directive was issued to all district boards indicating that the Provincial Government was no longer "prepared to have further nursing homes owned and operated by private enterprise". This means that new nursing home projects will be considered for approval only if they are to be owned and operated by district boards or by voluntary organizations.

As a direct result of this directive fourteen districts have planned or are actively considering the construction of nursing homes to be owned and operated by district boards. As indicated in Table 3, only 3 nursing homes with a total bed capacity of 126 beds are owned and operated by district boards at 31st December, 1968.

Responsibility if Nursing Homes not Owned by District Boards

Where a nursing home is not owned by the district board, the responsibilities of the district board in relation to the individual nursing home include:

- (1) the approval of an application made to operate a nursing home in the district under The Nursing Homes Act. The district board should obtain full particulars of ownership and sufficient information about the applicant to assess such factors as
 - (i) motivation and knowledge of nursing home care needs;
 - (ii) whether the applicant has public confidence or support;
 - (iii) whether the applicant has sound financial backing;
 - (iv) whether the applicant can assure continuity of operation with good business management; and
 - (v) whether the applicant can provide qualified and trained personnel;
- (2) The Nursing Homes Act and Regulations as they apply to the district; and
- (3) under the powers indicated under section 8 of the Act, the board should arrange for the holding of regular meetings between the board and the contract nursing home. The main objective of these meetings would be the discussion of matters of mutual concern:

- (i) services in relation to district needs;
- (ii) relationships with the assessment committees for the purpose of achieving effective co-ordination and proper utilization of nursing home facilities within the area;
- (iii) relationships with local and district social agencies;
- (iv) visiting policies fostering continuing interest by relatives and friends;
- (v) arrangements for patients to visit, shop, attend church and engage in social activities in the community;
- (vi) complaints received by the district board; and
- (vii) inspection reports by local and provincial authorities.

Responsibility if Nursing Home Owned and Operated by District Board

Where a district board elects to construct and operate a nursing home, its responsibilities parallel those of a hospital district board which owns and operates an auxiliary hospital. Section 6 of The Nursing Homes Act applies under these circumstances:

“Subject to this Act, an auxiliary hospital and nursing home district or a nursing home district is a hospital within the meaning of The Alberta Hospitals Act and the board of the district has all the powers, rights, and responsibilities with respect to nursing homes that a district board has with respect to auxiliary hospitals under The Alberta Hospitals Act and Regulations, to the extent that they are applicable to nursing homes.”

The district board, as a nursing home owner and operator will have the responsibilities prescribed for nursing home owners and operators under The Nursing Homes Act and Regulations.

B. Hospital Services Section

The responsibility of the Hospital Services Section of the Department of Health in the administration of the Nursing Home Plan consists of:

- (1) the administration of The Nursing Homes Act, The Nursing Home Plan Regulations and The Minimum Standards of Nursing Home Construction included in the Regulations;
- (2) the detailed review and inspection of nursing homes in relation to The Minimum Standards of Construction prescribed by The Nursing Home Plan Regulations;
- (3) the determination and approval of standards of service in contract nursing homes;

- (4) the payment to contract nursing homes of the per diem amount specified in the Regulations;
- (5) inspection to ascertain that the standards of care are maintained in the contract nursing homes; and
- (6) the determination of the records to be kept and the reports to be made by the operators of the contract nursing homes.

2. NURSING HOMES UNDER THE PLAN

Table 1 shows the geographical distribution of nursing homes among the various districts which are also shown on the colour map included in this report. Table 32 (Appendix) provides a list of contract nursing homes by district.

The Nursing Homes Act provides that “during the first year after the establishment of the nursing home program of a district, the number of the contract nursing home beds in the district shall not exceed approximately three for every one thousand of population in the district”. On the basis of three beds per one thousand of population, approximately 4,500 nursing home beds are indicated. As shown in Table 1, several districts, whose programs have been in operation for more than one year, have had to provide more than three nursing home beds per one thousand of their respective populations.

Twenty-one out of a potential thirty-three districts had programs in operation at 31st December, 1968 and are providing a total of 4,246 beds, which, when related to the total population of the province, shows a ratio of 2.8 nursing home beds per one thousand of population. This very slight increase over the ratio of 2.7 nursing home beds in 1967 is a reflection of the slow down of construction during 1968 which resulted from a restriction on funds available to district boards from the Alberta Municipal Financing Corporation. It is expected however that funds will be made available from this source in 1969 permitting a further expansion of facilities particularly in districts not yet served by nursing homes.

Table 2 shows the expansion of the nursing home program since its establishment in 1964.

Table 3 presents a comparative distribution of nursing homes by ownership in 1967 and 1968. The percentage of total beds operated by private enterprise has decreased slightly from 76.8% in 1967 to 73.8% in 1968; the percentage by religious organizations has increased from 17.5% in 1967 to 19.7% in 1968 and by district boards from 2% in 1967 to 3% in 1968. These changes reflect the effect of the decision of government to restrict the approvals to non private agencies.

Table 4 shows a further distribution of nursing homes by ownership and by location in cities, towns and villages.

**Table 1: Number of Nursing Homes and Beds in Operation at 31st December, 1968
and Additional Nursing Home Accommodation Under Construction
or Being Planned as at 31st December, 1968**

Nursing Home District			In Operation at 31st December, 1968			Additional Bed Accommo- dation Expected in 1969		
No.	Name	Population	Number of Nursing Homes	Total Rated Bed Capacity	Beds per 1,000 Population	Now Under Construction	Now Being Planned	Estimated Total Bed Capacity 31 December, 1969
1	Grande Prairie	27,263	1	80	2.9	—	8	88
2	Vermilion River	15,977	—	—	—	—	125	125
3	Drumheller	10,259	1	44	4.3	16	—	60
4	Willow Creek-Claresholm	17,470	1	50	2.9	—	—	50
5	Lethbridge	72,545	2	129	1.8	30	—	159
6	Medicine Hat-Forty Mile	38,852	2	206	5.3	—	—	206
7	Calgary	380,285	14	1,384	3.6	225	—	1,609
8	Cardston	8,850	—	—	—	—	30	30
11	Vulcan-Foothills	18,925	2	69	3.7	—	—	69
13	Mountain View-Kneehill	24,977	1	37	1.5	—	60	97
14	Red Deer	53,724	2	148	2.8	—	75	223
17	Lacombe	14,850	1	42	2.8	—	—	42
17A	Ponoka	14,489	1	70	4.8	—	—	70
18	Wetaskiwin-Leduc	32,000	2	100	3.1	—	—	100
19	Camrose	18,761	1	68	3.6	—	32	100
20	Flagstaff-Beaver	19,837	1	64	3.2	—	—	64
21	Wainwright-Provost	14,290	—	—	—	36	—	36
22	Minburn-Eagle	18,413	—	—	—	—	70	70
23	Lamont-Smoky Lake	13,981	—	—	—	—	60	60
24	Edmonton and Rural	459,451	12	1,363	2.8	10	57	1,430
26	Barrhead-Thorhild-Westlock	27,148	1	52	1.9	—	50	102
27	Lac Ste. Anne-Whitecourt	12,493	1	50	4.0	—	—	50
28	Athabasca-Lac La Biche	17,156	1	50	2.9	—	—	50
29	Bonnyville-St. Paul	30,326	2	100	3.3	—	—	100
30	McLennan-High Prairie	17,698	2	100	5.6	—	—	100
31	Peace River-Fairview	30,043	1	40	1.3	—	—	40
	Remainder of the Province	87,306	—	—	—	—	—	—
Total		1,497,369	52	4,246	2.8	317	567	5,130

**Table 2: Geographical Distribution of Nursing
Homes and Beds by Year**

	Number of Homes					Number of Beds				
	1964	1965	1966	1967	1968	1964	1965	1966	1967	1968
Calgary	11	13	14	14	14	836	1,211	1,283	1,379	1,384
Edmonton	6	8	11	11	12	563	931	1,246	1,284	1,363
Remainder of the Province	9	12	20	25	26	433	679	1,134	1,397	1,499
Total	26	33	45	50	52	1,832	2,821	3,663	4,060	4,246

**Table 3: Ownership of Nursing Homes in Operation
at 31st December, 1968**

	Number of Homes		Bed Capacity		Percentage Distribution			
	1967	1968	1967	1968	Homes 1967	Homes 1968	Beds 1967	Beds 1968
Private Enterprise	39	39	3,119	3,132	78.0	75.0	76.8	73.8
Religious Organizations	8	9	711	838	16.0	17.4	17.5	19.7
Federal Government	1	1	150	150	2.0	1.9	3.7	3.5
District Board	2	3	80	126	4.0	5.7	2.0	3.0
Total	50	52	4,060	4,246	100.0	100.0	100.0	100.0

3. INSPECTION AND EDUCATION

With the appointment of a registered nurse to the inspection staff in May, 1968, more emphasis was placed during the past year on a concentrated examination and review of nursing home care standards and records in each nursing home visited.

The major areas examined were:

A. Medical Records

While recognizing that many nursing homes have developed good record systems it was found necessary to emphasize in others the need for the establishment of records which will provide the nursing staff with significant, accurate, and up to date information on the care needs of each patient. The elements of record keeping which most often required attention or delineation were:

- (a) The frequency and relevancy of recording certain information applicable in hospitals but not necessary in nursing homes.
- (b) Better utilization of existing record systems particularly in the use of the Kardex filing unit which most nursing homes have adopted. The use of the one Kardex card specifically assigned for nurses' notes has been suggested to eliminate and minimize the handling of a wide variety of forms.
- (c) Establishment of a diabetic record adapted to diabetics in nursing homes who are on a maintenance regime rather than to diabetics in hospitals on a closely controlled stabilization program.
- (d) Ways and means of obtaining doctors' signatures in the chart on orders taken by telephone.
- (e) Nursing homes were encouraged in their efforts to streamline their records while retaining information on patients' medical, physical and mental conditions essentially significant in the establishment and development of comprehensive individual care programs.

B. Medications

Due to the variety and quantity of medications administered in nursing homes, emphasis was placed on the importance of observation, consultation and research, in close cooperation with attending physicians, on actions of drugs, side and toxic effects, the danger involved in the combination of certain drugs, and the effects of barbiturates on the elderly.

Because of the risk involved it was also stressed that only a registered nurse should have access to the drug cupboard and be responsible for the preparation of medications. The necessity for locking drug cupboards was emphasized because of the many confused patients wandering about nursing homes.

C. In-Services Training Programs

Because of the high ratio of staff without formal training, continuing emphasis was placed on the establishment and the on-going development of in-service training programs to promote better patient care through a greater understanding of patients' needs.

The Long Term Care Institute conducted by Dr. and Mrs. Charles H. Kramer in September, 1968 under the sponsorship of the Alberta Hospital Association, was well attended by nursing home personnel from across the province. It was gratifying to note the interest and enthusiasm shown by those who attended in the presentations and discussions held on the "Management of the Confused Patient" and in the following months to observe and note in some nursing homes the direct applications of the ideas and material obtained at the Institute.

The use of films, the presentation and discussion of case histories, the use of magazine articles and reprints and a general outline on the most common diseases affecting patients in the nursing home, their physical and mental conditions, their impairments as well as existing and potential abilities were some of the many suggestions made to stimulate in-service education and enable staff to gain a greater insight in the dimensions of their work.

D. Reactivational and Diversional Activity Programs

A commendable degree of success has been achieved by nursing home staffs in the establishment and development of reactivational programs geared to the concepts of self-care, independence and mobility on the part of individual patients. The statistics in the following tables attest to the fact that patients are encouraged to do as much for themselves as they can, as well as they can, and for as long as they can in such activities of daily living as dressing, bathing, feeding, toileting, positioning and mobility. Outstanding cases of achievement to the point of actual rehabilitation of function have been noted.

There has been some lapse, however, in the establishment and development of range of motion and group exercise programs in many nursing homes. This type of program has been recommended to them for the beneficial effects of better circulation and joint movement and the benefits of socializing with others.

Another area of concern which will require a further concentration of effort in the future is the development of diversional activity programs. A significant number of patients have no interest and many actually refuse to participate in diversional and recreational activities on either an individual or a group basis. Several nursing homes had to be reminded the successful development of this type of program depends to a large extent on obtaining as complete a social history as possible on each patient.

Nursing homes which have obtained this background information have indicated beneficial results in

**Table 4: Nursing Homes in Operation at 31st December, 1968
by Location and by Ownership**

Location	Private		Religious Organizations		District		Government		Total	
	No. of Nursing Homes	No. of Beds	No. of Nursing Homes	No. of Beds	No. of Nursing Homes	No. of Beds	No. of Nursing Homes	No. of Beds	No. of Nursing Homes	No. of Beds
CITIES										
Calgary	13	1,284	1	100	—	—	—	—	14	1,384
Camrose	—	—	1	68	—	—	—	—	1	68
Drumheller	—	—	—	—	1	44	—	—	1	44
Edmonton	7	710	1	196	—	—	1	150	9	1,056
Grand Prairie	1	80	—	—	—	—	—	—	1	80
Lethbridge	2	129	—	—	—	—	—	—	2	129
Medicine Hat	1	106	1	100	—	—	—	—	2	206
Red Deer	2	148	—	—	—	—	—	—	2	148
Wetaskiwin	1	50	—	—	—	—	—	—	1	50
Total for Cities	27	2,507	4	464	1	44	1	150	33	3,165
TOWNS and VILLAGES										
Athabasca	1	50	—	—	—	—	—	—	1	50
Barrhead	1	52	—	—	—	—	—	—	1	52
Bonnyville	1	50	—	—	—	—	—	—	1	50
Fairview	—	—	—	—	1	40	—	—	1	40
Fort Macleod	1	50	—	—	—	—	—	—	1	50
Fort Saskatchewan	1	70	—	—	—	—	—	—	1	70
High Prairie	—	—	1	50	—	—	—	—	1	50
High River	1	34	—	—	—	—	—	—	1	34
Lacombe	—	—	—	—	1	42	—	—	1	42
Leduc	1	50	—	—	—	—	—	—	1	50
Mayerthorpe	1	50	—	—	—	—	—	—	1	50
McLennan	—	—	1	50	—	—	—	—	1	50
Ponoka	1	70	—	—	—	—	—	—	1	70
St. Albert	—	—	1	162	—	—	—	—	1	162
Stony Plain	—	—	1	75	—	—	—	—	1	75
St. Paul	1	50	—	—	—	—	—	—	1	50
Viking	1	64	—	—	—	—	—	—	1	64
Vulcan	1	35	—	—	—	—	—	—	1	35
Linden (Village)	—	—	1	37	—	—	—	—	1	37
Total for Towns	12	625	5	374	2	82	—	—	19	1,081
Total for Province	39	3,132	9	838	3	126	1	150	52	4,246

obtaining a better understanding of and a greater respect for the patient and in being able to provide activities more personally adapted to the individual patient's particular interests and needs.

E. Standards of Nursing Care

Bed patients were examined with particular attention to pressure areas and proper positioning. Procedures were checked to ensure that adequate measures were being taken to prevent ankylosis, deformity and helplessness.

As indicated in Table 18 in this report only 40 patients or less than 1% of all patients in the nursing homes at the end of 1968 are confined to bed continuously and 562 patients are actually lifted out of bed and placed in chairs two or three times daily. As a direct result of proper positioning and transfers very few decubitus ulcers were actually found in the nursing homes, for which nursing staffs must be commended.

As indicated on Table 16 there is a significant number of incontinent patients in nursing homes throughout the province. Loss of urinary control, constipation, impaction and bowel incontinence are some of the conditions requiring constant attention on the part of staff in nursing homes. Only a few nursing homes have developed a toilet training program, whereby the incontinent patients, especially those suffering from impairments of memory, orientation or perceptive acuity, are brought to the toilet every 2 to 3 hours. Other homes take advantage of peristaltic activity after meals to establish a regular pattern for the incontinent.

F. Meal Service and Menu Planning

Complaints received about services in nursing homes deal mostly with food and include such items as variety in meals, quantity of food served, food not being served hot enough and food restrictions of the type a patient has eaten regularly throughout his life.

Most of the nursing homes in the province do not employ the services of a consulting dietitian and it was found necessary in many instances to obtain cycle menus. These were submitted for evaluation to the Provincial Nutritionist to ensure that nutritionally adequate and varied meals were served.

A Dietary Training course sponsored by the Southern Alberta Institute of Technology in co-operation with the Alberta Hospital Association is scheduled for June, 1969. This course is planned primarily for dietary staff of hospitals, and nursing homes, where the services of a qualified dietitian are not available. It is expected that several nursing homes will take advantage of this week long course.

G. Education

In addition to the Dietary Training Course referred to above, the Alberta Hospital Association, to which most nursing homes belong, has also planned extension courses on laundry service, institutional housekeeping, maintenance and engineering to be held in April and May, 1969.

There still exists some misunderstanding of Alberta's concept of nursing home care particularly in relation to auxiliary hospital care. It was found necessary to enunciate and elaborate on the following criteria:

- (1) a contract nursing home is not a hospital and as such is not required to be staffed and equipped to provide hospital care;
- (2) even though registered nurses are on staff primarily to direct and supervise patient care programs, a nursing home is expected to provide professional nursing care only as an adjunct to its primary function of providing nursing home or personal care. Personal care is a level of care which can be provided by nursing aides and attendants under the supervision of the nurse responsible for patient care;
- (3) when the normal or regular care needs of a patient cannot be safely assigned to nursing personnel below the training level of a graduate nurse, the

patient should not be admitted to or retained in a contract nursing home.

4. PATIENT DAYS BY RESPONSIBILITY FOR PAYMENT

Table 5 presents a distribution of patient days by responsibility for payment and by year retroactive to 1965 the first complete calendar year of operation of Alberta's Nursing Home Plan. The total of 1,469,230 patient days in 1968 represents an 8.2% increase over the 1,358,179 days of care provided in 1967 and a 93.5% increase over the 759,264 days for 1965.

The Nursing Home Plan subsidy paid in 1968 was the same as in 1967 and consisted of a payment to contract nursing homes of \$5.00 per day on behalf of each eligible patient. The co-insurance charge payable by eligible patients was raised to \$3.00 per day effective 1st January, 1968, representing an increase of 50 cents per day over the \$2.50 per day which had been in effect since the establishment of the Plan in 1964. The total of 1,320,706 days subsidized by the Plan in 1968 represents an increase of 12.1% over the 1,177,643 days covered in 1967 and a 137.9% increase over the 555,035 days covered in 1965.

The Department of Public Welfare assumes responsibility for patients unable to pay their accounts from their own resources. The 121,638 patient days covered by Welfare in 1968 represents a decrease of 29,032 days or 19.2% less than the 150,670 days covered in 1967. This reflects a continuing trend started in 1967 as a direct result of the guaranteed income supplement added to the old age security payment for certain pensioners. The supplementary income enabled many pensioners to meet their co-insurance charges and thereby reduced the number requiring assistance from the Department of Public Welfare.

The 14,696 non-resident days in 1968 represents a 13.1% decrease from the 16,927 non-resident days in 1967.

Table 5 also shows that Plan days in 1968 accounted for nearly 90% of total patient days.

Table 34 (appendix) provides a detailed distribution for each nursing home.

Table 5: Distribution of Patient Days in Contract Nursing Homes by Responsibility for Payment and by year

Responsibility for Payment	1968		1967		1966		1965	
	Days	Percent	Days	Percent	Days	Percent	Days	Percent
Nursing Home Plan Subsidy	1,320,706	89.9	1,177,643	86.7	818,982	74.4	555,035	73.1
Department of Public Welfare	121,638	8.3	150,670	11.1	254,392	23.2	190,997	25.1
Federal Government	6,204	0.4	6,237	0.5	2,697	0.2	817	0.1
Workmen's Compensation Board	2,536	0.2	2,680	0.2	2,672	0.2	910	0.1
Non-Residents	14,696	1.0	16,927	1.2	15,519	1.4	6,315	0.8
Private Paying Patients	2,909	0.2	2,782	0.2	6,012	0.5	6,039	0.8
Not yet Determined*	631	—	1,240	0.1	871	0.1	—849	—
Total	1,469,320	100.0	1,358,179	100.0	1,101,145	100.0	759,264	100.0

*2965 days paid in 1968 for previous years not included above.

5. MOVEMENT OF PATIENTS

A summary of admissions to and discharges from nursing homes in 1968 is given in Table 6. Table 36 (Appendix) supplies the data for each nursing home.

It should be noted that the figures shown under "Admitted during 1968" do not represent new admissions alone but include readmissions to nursing homes particularly following hospitalization.

Table 6: Movement of Patients by Location of Nursing Home, 1968

Number of Patients	Location of Nursing Home			
	Calgary District	Edmonton District	Remainder of Province	Total
In Nursing Home 1 January, 1968	1,327	1,242	1,318	3,887
In Nursing Home 31 December, 1968 ..	1,340	1,330	1,456	4,126
Increase During 1968	13	88	138	239
Average Daily Census	1,343	1,322	1,385	4,050
Admitted During 1968*	910	1,142	1,440	3,492
Discharged During 1968	762	911	1,116	2,789
Died During 1968	135	143	186	464

*Includes readmissions.

Table 7 indicates that the largest percentage of patients still in the nursing homes at 31 December, 1968, came originally from their own homes, followed

by those who were referred from general hospitals. Only 620 patients or slightly more than 15% of all patients were transferred from auxiliary hospitals.

Table 7: Source, Location of Patients Immediately Prior to Admission for Patients Still in Nursing Home at 31 December, 1968

Patients Came From:	Calgary District		Edmonton District		Other Districts		All Districts	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent
Private Home	509	38.0	612	46.0	459	31.5	1,580	38.3
Other Contract Nursing Home	137	10.2	100	7.5	85	5.9	322	7.8
Senior Citizens Lodge	92	6.9	74	5.6	130	8.9	296	7.2
"Welfare" Home	6	.4	6	.4	16	1.1	28	.7
Auxiliary Hospital	242	18.1	89	6.7	289	19.9	620	15.0
General Hospital	278	20.8	382	28.7	345	23.7	1,005	24.4
Mental Hospital	46	3.4	46	3.5	111	7.6	203	4.9
Other	30	2.2	21	1.6	21	1.4	72	1.7
Total	1,340	100.0	1,330	100.0	1,456	100.0	4,126	100.0

Nearly two thirds of the discharges from nursing homes during 1968 were to general hospitals which is a considerable increase in number and percentage over 1967 and the preceding years.

Discharges to auxiliary hospitals represent only 6.6% of the transfers to general hospitals which is a

clear indication that most patients are being transferred to hospitals for acute phases of illness. The number of discharges to private homes in 1968 have decreased from 767 in 1967 to 652 in 1968. Referrals from contract nursing homes to mental hospitals have also decreased to 69 representing only 2.5% of all discharges in 1968.

Table 8: Placement of Patients who Left Contract Nursing Homes During the Year 1968

Patients Went To:	Number of Patients			Percentage Distribution		
	1968	1967	1966	1968	1967	1966
Private Homes	652	767	616	23.4	29.5	26.4
Other Contract Nursing Homes	101	156	237	3.6	6.0	10.1
Senior Citizens' Lodges	34	45	34	1.2	1.7	1.5
Homes Operated Under Welfare Homes Act	1	—	12	—	—	.5
Auxiliary Hospitals	119	147	141	4.3	5.6	6.0
General Hospitals	1,806	1,402	1,087	64.7	53.9	46.6
Mental Hospitals	69	84	78	2.5	3.2	3.3
Other and Unspecified	7	2	130	.3	.1	5.6
Total	2,789	2,603	2,335	100.0	100.0	100.0

Type of Accommodation

The distribution of patient days according to type of accommodation requested and paid for by patients is shown in Table 9. The 1968 percentages reflect little change in demand for preferred accommodation as compared to 1967 and 1966. However, there were 14,936 more semi-private room days in 1968 than in

1967 and 9,093 more private room days. Detailed information for each nursing home is given in Table 34 (Appendix). This table also reveals that patients who were charged for semi-private and private room accommodation accounted for 24.6% of the total days in Calgary nursing homes, 18.4% in Edmonton nursing homes and only 10.3% of the total days in the remainder of the province.

Table 9: Percentage Distribution of Patient Days by Type of Accommodation Charged

Type of Accommodation Charged	Number of Days 1968	Percentage Distribution of Days			
		1968	1967	1966	1965
Standard	1,209,041	82.3	82.7	81.7	84.8
Semi-Private	160,672	10.9	10.7	11.8	10.1
Private	99,607	6.8	6.6	6.5	5.1
Total	1,469,320	100.0	100.0	100.0	100.0

6. CHARACTERISTICS OF PATIENTS

The analysis of admissions and days of care by age group presented in Table 10 reveals the same general pattern as in previous years indicating that the very large majority of patients receiving care in the nursing homes are in the 70 years of age and over group with the largest percentage in the 80 to 89 group. Patients in the combined groups of 70 years and over

accounted for 84.1% of total admissions in 1968 as compared to 83.3% in 1967 and received 84.7% of the total days of care as compared to 86.5% in 1967. Patients 80 years of age and over accounted for 52.5% of total admissions in 1968 as compared to 54% in 1967 and 57.3% of total days of care as compared to 60.8% in 1967. Admissions in the 90 and over group decreased from 357 in 1967 to 277 in 1968 and the days of care for this group dropped from 164,731 days in 1967 to 155,646 days in 1968.

Table 10: Admissions and Days of Care by Age Group

Age Group	Population	Admission	Days of Care For All Patients During 1968	Average Census of Patients	Percentage Distribution		
					Population	Days of Care	Average Census of Patients Per 1,000 Population
0- 9	346,700	12	1,887	5.1	22.7	.1	.01
10-19	311,200	9	357	1.0	20.4	*	**
20-29	212,900	15	3,821	10.4	14.0	.3	.05
30-39	192,200	15	8,501	23.2	12.6	.6	.12
40-49	175,200	44	20,623	56.4	11.5	1.4	.32
50-59	130,200	97	46,854	128.0	8.5	3.2	.98
60-69	86,000	337	135,310	369.7	5.6	9.2	4.30
70-79	50,100	1,103	402,235	1,099.0	3.3	27.4	21.93
80-89	19,600	1,557	686,259	1,875.0	1.3	46.7	95.66
90 and Over	1,900	277	155,646	425.3	.1	10.6	223.86
Age Not Stated	—	26	7,827	21.4	—	.5	—
Total	(*)1,526,000	3,492	1,469,320	4,014.5	100.0	100.0	2.63

(*) Inter Census Estimates by Dominion Bureau of Statistics.

* Less than .05.

** Less than .005.

The ratio of male to female patients in nursing homes in 1968 has shown very slight variation from the pattern in previous years. In 1968 it was 41.2% to 58.8% respectively as compared to 41.5% and 58.5% in 1967 and 40% males to 60% females in

1966. There has been no significant change in the ratios of married, single, widowed and divorced patients.

Table 35 (Appendix) presents a combined summary of patients by age, sex and marital status.

Table 11: Distribution of Patients by Sex and Marital Status 1968

Marital Status	Patients Discharged or Deceased						Patients in Nursing Home 31 December, 1968					
	Male		Female		Total		Male		Female		Total	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent
Married	455	29.2	293	17.3	748	23.0	418	24.6	316	13.0	734	17.8
Single	336	21.5	89	5.3	425	13.1	484	28.5	221	9.1	705	17.1
Widowed												
Divorced or Separated	769	49.3	1,311	77.4	2,080	63.9	797	46.9	1,890	77.9	2,687	65.1
Total	1,560	100.0	1,693	100.0	3,253	100.0	1,699	100.0	2,427	100.0	4,126	100.0

Mental and Physical Condition of Patients

The function of a contract nursing home is to provide supervision and assistance to its patients in meeting their personal care needs. At the same time nursing home staffs are expected to make every effort to help patients achieve their full potential for self-care or independence. The need for and the extent of the supervision and personal care required in any one case are determined by the mental and physical conditions of the individual patient. Tables 12 to 16 inclusively illustrate these needs. The geographical divisions were selected on the basis of a nearly equal distribution of nursing home beds among the three areas, namely, the metropolitan areas of Calgary and Edmonton and the combination of all other districts with contract nursing home facilities. The populations of the above divisions are 380,285, 459,451 and 498,816 respectively.

A. Mental and Behaviour Status of Patients

Some patients are admitted to nursing homes because their physical and mental condition is so deteriorated that it is impossible for them to live by themselves or with their families. They may also be handicapped by emotional and behavioural disturbances which further complicate their condition.

Nursing homes must therefore adapt their care programs to the physical, mental and behavioural

capacities of each patient to perform the ordinary activities of daily living. Accordingly, the care program for a patient with severe physical limitations but with no significant emotional or behavioural problems will not be the same as for the patient having minimal physical impairment but requiring maximum supervision for personal safety and it will not be as comprehensive as in the extreme case requiring total nursing care and supervision because of severe physical disability complicated by substantial impairment of mental and behavioural capacity.

Table 12 indicates that nearly 53% of all patients as assessed by the directors of nursing showed some degree of confusion. Most patients in this classification are the so called "senile" patients who are not psychotic and show no symptoms which might cause them to be a danger to themselves or to others. They include a significant number with minimal physical disability but who require protected living arrangements and supervision to prevent them from wandering, to keep them clean and properly dressed and to protect the degree of health they still have. The 250 patients classified as psychotic would include to a large extent those suffering from frequent delusions and hallucinations.

Table 12 also provides a classification of patients on the basis of behaviour and were placed in the category which best described their individual behaviour or predominant mood.

Table 12: Number and Percent of Patients in Nursing Homes at 31 December, 1968 By Mental and Behaviour Status

	Calgary District		Edmonton District		Other Districts		All Districts	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent
Mental Status								
Normal	532	39.7	565	42.5	562	38.6	1,659	40.2
Confused — Occasionally	338	25.2	373	28.0	363	24.9	1,074	26.0
— Most of the time	177	13.2	213	16.0	243	16.7	633	15.3
— Completely	190	14.2	108	8.1	176	12.1	474	11.5
Mentally Retarded	85	6.4	62	4.7	103	7.1	250	6.1
	18	1.3	9	0.7	9	0.6	36	0.9
Total	1,340	100.0	1,330	100.0	1,456	100.0	4,126	100.0
Behaviour Status								
Socially Responsible (Normal) Behaviour	610	45.5	675	50.8	623	42.8	1,908	46.3
Confused But Co-operative and Harmless	351	26.2	385	28.9	421	28.9	1,157	28.0
Withdrawn, Socially Unresponsive	103	7.7	63	4.7	127	8.7	293	7.1
Belligerent, Aggressive, Unco-operative or Noisy	164	12.3	134	10.1	167	11.5	465	11.3
Wander if not Closely Supervised	70	5.2	38	2.9	65	4.5	173	4.2
Emotional Stagnation (completely passive)	42	3.1	35	2.6	53	3.6	130	3.1
Total	1,340	100.0	1,330	100.0	1,456	100.0	4,126	100.0

B. Physical Condition of Patients

Tables 13 to 16 illustrate the physical condition of patients in contract nursing homes at 31 December, 1968.

Table 13 provides an analysis of ability and im-

pairment with respect to the senses of sight and hearing and to the faculties of speech and understanding. One hundred and ninety patients or 4.6% of all patients were further handicapped because they could not speak or because no other patient or staff member could speak their language.

Table 13: Number and Percent of Patients in Nursing Homes at 31 December, 1968, by Sense Functions and Ability to Communicate

	Calgary District		Edmonton District		Other Districts		All Districts	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent
Speech — Normal	1,061	79.2	1,021	76.8	1,029	70.7	3,111	75.4
— Impaired	232	17.3	287	21.6	357	24.5	876	21.2
— Absent	47	3.5	22	1.6	70	4.8	139	3.4
Total	1,340	100.0	1,330	100.0	1,456	100.0	4,126	100.0
Vision — Normal with Glasses	721	53.8	654	49.2	677	46.5	2,052	49.8
— Normal without Glasses	260	19.4	268	20.1	352	24.2	880	21.3
— Impaired	329	24.6	380	28.6	369	25.3	1,078	26.1
— Absent	30	2.2	28	2.1	58	4.0	116	2.8
Total	1,340	100.0	1,330	100.0	1,456	100.0	4,126	100.0
Hearing — Normal with Hearing Aid ..	56	4.2	42	3.2	58	4.0	156	3.8
— Normal without Hearing Aid	811	60.5	724	54.4	853	58.6	2,388	57.9
— Impaired	448	33.4	537	40.4	523	35.9	1,508	36.5
— Absent	25	1.9	27	2.0	22	1.5	74	1.8
Total	1,340	100.0	1,330	100.0	1,456	100.0	4,126	100.0
Understanding — Normal	844	63.0	781	58.7	835	57.3	2,460	59.6
— Impaired	376	28.1	477	35.9	499	34.3	1,352	32.8
— Absent	120	8.9	72	5.4	122	8.4	314	7.6
Language Problem	36	2.7	97	7.3	57	3.9	190	4.6

Table 14 points out the extent of impairment particularly in the lower limbs.

Table 14: Number and Percent of Patients in Nursing Homes at 31 December, 1968 By Use of Limbs and Extent of Impairment

	Calgary District		Edmonton District		Other Districts		All Districts	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent
Upper Limbs								
Right — Normal Use	1,169	87.2	1,186	89.2	1,180	81.0	3,535	85.7
— Impaired	138	10.3	118	8.9	196	13.5	452	10.9
— No Use	32	2.4	24	1.8	79	5.4	135	3.3
— Amputation	1	0.1	2	0.1	1	0.1	4	0.1
Total	1,340	100.0	1,330	100.0	1,456	100.0	4,126	100.0
Left — Normal Use	1,154	86.1	1,174	88.3	1,123	77.1	3,451	83.6
— Impaired	148	11.1	132	9.9	230	15.8	510	12.4
— No Use	38	2.8	22	1.7	103	7.1	163	3.9
— Amputation	0	—	2	0.1	0	—	2	0.1
Total	1,340	100.0	1,330	100.0	1,456	100.0	4,126	100.0
Lower Limbs								
Right — Normal Use	840	62.7	833	62.6	815	56.0	2,488	60.3
— Impaired	405	30.2	422	31.8	461	31.7	1,288	31.2
— No Use	87	6.5	64	4.8	164	11.2	315	7.6
— Amputation	8	0.6	11	0.8	16	1.1	35	0.9
Total	1,340	100.0	1,330	100.0	1,456	100.0	4,126	100.0
Left — Normal Use	854	63.7	827	62.2	773	53.1	2,454	59.5
— Impaired	385	28.8	430	32.3	480	33.0	1,295	31.4
— No Use	90	6.7	62	4.7	185	12.7	337	8.2
— Amputation	11	0.8	11	0.8	18	1.2	40	0.9
Total	1,340	100.0	1,330	100.0	1,456	100.0	4,126	100.0

The degree of mobility of patients is shown in Table 15 which is divided into number of patients able to walk with or without assistance; patients unable to walk classified on the basis of confinement to and mobility by wheelchair and those patients who are not mobile at all. While 78.3% of the patients were able to walk, more than one-third of those who walk re-

quired walking aids such as canes and walkers or required staff assistance. Slightly more than 12% of all patients were mobile by wheelchair and 9.5% of all patients were not mobile. As indicated in Table 18 in a following section, only 40 patients or less than 1% of all patients were confined to bed all the time.

Table 15: Number and Percent of Patients in Nursing Homes at 31 December, 1968, by Degree of Mobility

	Calgary District		Edmonton District		Other Districts		All Districts	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent
Able to Walk								
Without Assistance	658	49.1	661	49.7	661	45.4	1,980	48.0
With Walking Aids:								
Without Staff Assistance	279	20.8	330	24.8	246	16.9	855	20.7
With Staff Assistance	112	8.4	143	10.7	141	9.7	396	9.6
Unable to Walk								
Wheelchair Patients								
Mobile Without Assistance	72	5.4	87	6.5	76	5.2	235	5.7
Mobile With Assistance in and out of Wheelchair	98	7.3	49	3.7	121	8.3	268	6.5
Patients not Mobile	121	9.0	60	4.6	211	14.5	392	9.5
Total	1,340	100.0	1,330	100.0	1,456	100.0	4,126	100.0

Table 16 classifies patients by degree of continence. Thirty percent of all patients in nursing homes

at 31 December, 1968 were incontinent to some degree.

Table 16: Number and Percent of Patients in Nursing Homes at 31 December, 1968 by Degree of Continence

	Calgary District		Edmonton District		Other Districts		All Districts	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent
Continent	908	67.8	1,003	75.4	958	65.8	2,869	69.5
Incontinent:								
Urinary — Incomplete	224	16.7	128	9.6	209	14.3	561	13.6
— Complete	132	9.8	74	5.6	161	11.1	367	8.9
Fecal — Incomplete	121	9.0	70	5.3	123	8.4	314	7.6
— Complete	123	9.2	59	4.4	140	9.6	322	7.8

Table 17 shows the extent of visiting by relatives and friends. Nearly 90% of all patients receive visitors. However, the 1968 returns show a decrease in the

number of patients visited regularly but, conversely, there was also a decrease in the number not visited at all.

Table 17: Number and Percent of Patients in Nursing Homes at 31 December, 1968 By Frequency of Visits

	Calgary District		Edmonton District		Other Districts		All Districts	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent
Visited Regularly	777	58.0	766	57.6	781	53.7	2,324	56.4
Visited Occasionally	428	31.9	429	32.3	510	35.0	1,367	33.1
Not Visited	135	10.1	135	10.1	165	11.3	435	10.5
Total	1,340	100.0	1,330	100.0	1,456	100.0	4,126	100.0

7. SERVICES AND TREATMENT REQUIRED

The preceding section dealt with the characteristics identifying the mental, physical and sociological factors which affect the amount of personal assistance and supervision required by nursing home patients.

The first part of this section presents a classification of the assistance required by patients in the activities of daily living and the second part lists the services and treatment which nursing homes must also provide to maintain the health of their patients and prevent deterioration insofar as it is possible to do so.

A. Assistance Requirements in Activities of Daily Living

Tables 18 to 23 illustrate the personal care needs of nursing home patients.

Table 18 shows the extent of assistance required to get patients in and out of bed and also to get them dressed. The efforts of nursing home staffs to get patients out of bed and dressed in their own personal "day" clothes are reflected in that only 40 patients or less than 1% of all patients are confined to bed all the time. Also, more than 13% of all patients must be lifted out of bed and placed in chairs periodically during the day.

**Table 18: Number and Percent of Patients in Nursing Homes at 31 December, 1968
by Bed Care Needs and Dressing Ability**

	Calgary District		Edmonton District		Other Districts		All Districts	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent
Assistance In and Out of Bed								
No Assistance Required	907	67.7	976	73.4	898	61.7	2,781	67.4
Some Assistance	244	18.2	214	16.1	285	19.6	743	18.1
Required Lifting and Placing in Chair	183	13.7	126	9.5	253	17.4	562	13.6
Confined to Bed all the Time	6	0.4	14	1.0	20	1.3	40	0.9
Total	1,340	100.0	1,330	100.0	1,456	100.0	4,126	100.0
By Dressing Ability								
No Assistance Required	635	47.4	739	55.6	665	45.7	2,039	49.4
Some Assistance	314	23.4	337	25.3	340	23.3	991	24.0
Complete Assistance	391	29.2	254	19.1	451	31.0	1,096	26.6
Total	1,340	100.0	1,330	100.0	1,456	100.0	4,126	100.0

The number and percent of patients requiring assistance to meet their daily and weekly hygienic needs are shown in Table 19.

Because of the hazard involved, most nursing homes have adopted a policy of assisting most if not

all patients into and out of the bath tub regardless of their physical condition. This accounts for the high percentage of patients classified as requiring assistance or supervision in this category. Only 3.5% of all patients require bed baths.

**Table 19: Number and Percent of Patients in Nursing Homes at 31 December, 1968
Requiring Assistance for Personal Hygiene Functions**

	Calgary District		Edmonton District		Other Districts		All Districts	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent
Require Assistance to:								
Wash Face and Hands	493	36.8	393	29.6	583	40.0	1,469	35.6
Brush Teeth or Clean Dentures	576	43.0	529	39.8	699	48.0	1,804	43.7
Comb Hair	556	41.5	451	33.9	644	44.2	1,651	40.0
Shave	186	39.1	252	45.3	329	48.7	767	44.9
Trim Nails	1,184	88.4	1,164	87.5	1,283	88.1	3,631	88.0
Bathing								
Facility Used — Tub	1,233	92.0	1,194	89.8	1,359	93.3	3,786	91.8
— Shower	80	6.0	100	7.5	17	1.2	197	4.8
— Bed Bath	27	2.0	36	2.7	80	5.5	143	3.4
Total	1,340	100.0	1,330	100.0	1,456	100.0	4,126	100.0
No Assistance	54	4.0	47	3.5	90	6.2	191	4.6
Supervision Only	220	16.4	285	21.5	270	18.5	775	18.8
Some Assistance	470	35.1	451	33.9	461	31.7	1,382	33.5
Complete Assistance	596	44.5	547	41.1	635	43.6	1,778	43.1
Total	1,340	100.0	1,330	100.0	1,456	100.0	4,126	100.0

Table 20 points out one of the major impediments to a more active life on the part of the elderly. Less

than 50% of all patients can get around without the use of walking aids, wheelchairs or staff assistance.

**Table 20: Number and Percent of Patients in Nursing Homes at 31 December, 1968
by Degree and Means of Mobility**

	Calgary District		Edmonton District		Other Districts		All Districts	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent
Walk Without Assistance	658	49.1	661	49.7	661	45.4	1,980	48.0
Walking Aids Required	279	20.8	330	24.8	246	16.9	855	20.7
Staff Assistance Required	112	8.4	143	10.7	141	9.7	396	9.6
Wheelchairs Required:								
Mobile Without Assistance	72	5.4	87	6.5	76	5.2	235	5.7
Mobile With Assistance In and Out of Wheelchair	98	7.3	49	3.7	121	8.3	268	6.5
Not Mobile	121	9.0	60	4.6	211	14.5	392	9.5
Total	1,340	100.0	1,330	100.0	1,456	100.0	4,126	100.0

The first part of Table 21 shows that nearly 30% of all patients required varying degrees of supervision and assistance in feeding and 6.7% required complete assistance to be fed.

The second part shows that 35% of all patients, most of whom are not bedridden or confined to a chair in their rooms, were served meals in their rooms. Analysis of the returns in respect to utilization of dining rooms reveals a significant difference between nursing homes established since 1964 and those which pre-existed Alberta's Nursing Home Plan. The percentages on utilization of dining rooms varied from a high of 98.6% in a nursing home established since 1964 to a low of 26% in a nursing home which has been operating for several years.

The main reasons for low utilization of these facilities are the inadequacy of some dining rooms to accommodate all patients able to eat out of their rooms; reluctance on the part of certain operators to change over from the old concept of hospital-type tray service in rooms; reluctance on the part of some patients to change long standing habits or to mingle with other patients and finally the necessity to isolate certain patients, who, often at their own request, wish to eat alone because of poor eating habits resulting from infirmities.

Table 21 also shows that over 56% of all patients were on a regular diet indicating that nearly 44% were served special diets.

**Table 21: Number and Percent of Patients in Nursing Homes at 31 December, 1968
By Feeding Ability, By Type and Location of Meal Services and By Type of Diets Served**

	Calgary District		Edmonton District		Other Districts		All Districts	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent
Assistance in Feeding:								
— Independent	950	70.9	952	71.6	1,007	69.2	2,909	70.5
— Supervision Only	143	10.7	154	11.6	148	10.2	445	10.8
— Some Assistance	154	11.5	165	12.4	178	12.2	497	12.0
— Complete Assistance	93	6.9	59	4.4	123	8.4	275	6.7
Total	1,340	100.0	1,330	100.0	1,456	100.0	4,126	100.0
Type and Location of Meal Service:								
— Dining Room	791	59.0	764	57.4	957	65.7	2,512	60.9
— Lounge	55	4.1	29	2.2	64	4.4	148	3.6
— Tray Service	494	36.9	537	40.4	435	29.9	1,466	35.5
Total	1,340	100.0	1,330	100.0	1,456	100.0	4,126	100.0
Diets Served:								
Regular	724	54.0	804	60.4	796	54.7	2,324	56.3
Special — Diabetic	140	10.4	182	13.7	172	11.8	494	12.0
— Low Salt	318	23.7	176	13.2	141	9.7	635	15.4
— Salt Free	9	0.7	40	3.0	10	0.7	59	1.4
— Low Fat	31	2.3	28	2.1	31	2.1	90	2.2
— Fat Free	—	—	11	0.8	20	1.4	31	0.7
— Bland and Ulcer	65	4.8	47	3.5	56	3.8	168	4.1
— Mechanically Soft	171	12.8	115	8.6	286	19.6	572	13.9
— Other	25	1.9	30	2.3	28	1.9	83	2.0

Table 22 shows that over 90% of all patients use the regular toilet facility and more than 65% use it without assistance being required. It is of interest to note that only 213 patients or slightly more than 5% of all patients require bedpan service which is a clear

indication of improvement of facilities and care programs in our nursing homes today. Over 10% of all patients are on a toilet routine program the purpose of which is to prevent or minimize incontinence insofar as it possible to do so.

**Table 22: Number and Percent of Patients in Nursing Homes at 31 December, 1968
By Toilet Facility Used and Assistance Required**

	Calgary District		Edmonton District		Other Districts		All Districts	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent
Toilet Facility Used:								
Toilet — Independent	892	66.6	947	71.2	874	60.0	2,713	65.7
— Assistance Required	317	23.7	306	23.0	395	27.1	1,018	24.7
Commode	111	8.3	24	1.8	128	8.8	263	6.4
Bedpan	73	5.4	49	3.7	91	6.2	213	5.2
Condom	1	0.1	7	0.5	6	0.4	14	0.3
Catheter	—	—	5	0.4	10	0.7	15	0.4
Patients Requiring Changes	321	23.9	154	11.6	289	19.8	764	18.5
Patients on Toilet Routine	181	13.5	125	9.4	135	9.3	441	10.7

One of the main purposes of a diversional and recreational activities program in a nursing home is to overcome inactivity and boredom, prime causes of physical and mental deterioration. The greatest and perhaps the most difficult challenge to nursing home staffs is to instigate the stimulation and motivation required to bring about the involvement of elderly handicapped patients in the program.

Table 23 shows that the majority of patients parti-

cipate in organized group activities in the nursing home. However, when comparing the actual numbers and percentages of patients participating in activities during 1968 as compared to 1967 it is noted that while there were more patients participating in group activities in the nursing home during 1968, there has been during the same period a large decrease in the number of patients participating in individual activities in the nursing home. This points out the need for more concentrated effort in this area.

**Table 23: Number and Percent of Patients in Nursing Homes at 31 December, 1968
By Participation in Recreational and Diversional Activities**

	Calgary District		Edmonton District		Other Districts		All Districts	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent
Group Activities:								
— In The Homes	725	54.1	779	58.6	899	61.7	2,403	58.2
— In The Community	101	7.5	74	5.6	82	5.6	257	6.2
— No Participation	601	44.8	535	40.2	546	37.5	1,682	40.8
Individual Activities:								
— In The Home	612	45.7	629	47.3	622	42.7	1,863	45.1
— In The Community	116	8.7	101	7.6	113	7.8	330	8.1
— No Participation	692	51.6	660	49.6	779	53.5	2,131	51.6

B. Other Types of Services and Treatment

The preceding part of this section dealt with the personal care needs of patients.

This part covers services and treatment which are the direct responsibility of the professional nurse. They are required to maintain health, to prevent deterioration insofar as possible and to meet emergencies and exacerbations of existing conditions. It should be noted that with the exception of oral medication and range of motion exercises, the services and treatment listed in this part are infrequently provided or administered.

Oral Medications and Injections

Table 24 shows a drop in the frequency of distribution of medications from 89% in 1967 to 84.4%

in 1968. There was an increase in number of patients **not** receiving medication from 397 or 11.0% in 1967 to 642 or 15.5% in 1968. This, no doubt, reflects efforts being made by certain nursing homes in having attending physicians reassess patients' conditions resulting in many cases in a reduction of medications.

In 1967, 14.1% of all patients in nursing homes required medication by injection. The 1968 return showed a decrease of 2% in patients receiving injections.

This table also shows that few patients require narcotics. Injectable narcotics such as Demerol and Morphine are normally given in nursing homes on a p.r.n. basis only. In most instances, they are provided on an emergency basis prior to transfer of a patient to hospital.

Table 24: Number and Percent of Patients in the Nursing Homes at 31 December, 1968, who required Oral Medications and Injections as Compared to 1967

	Calgary District		Edmonton District		Other Districts		All Districts	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent
Oral Medications Given — 1968								
Once Daily	190	14.1	178	13.3	229	15.7	597	14.4
Twice Daily	247	18.4	228	17.1	224	15.3	699	16.9
Three Times Daily	375	27.9	335	25.1	401	27.5	1,111	26.9
More Frequently	328	24.4	406	30.5	343	23.5	1,077	26.1
Total on Medication	1,140	85.0	1,147	86.2	1,197	82.2	3,484	84.4
None or p.r.n.	200	14.9	183	13.7	259	17.7	642	15.5
1967								
Total All Patients	1,340	100.0	1,330	100.0	1,456	100.0	4,126	100.0
Total on Medication	1,160	86.5	1,184	94.7	1,145	86.3	3,489	89.0
None or p.r.n.	166	13.5	59	5.3	172	13.7	397	11.0
Total	1,326	100.0	1,243	100.0	1,317	100.0	3,886	100.0
Injections Administered — 1968								
Insulin	47	3.5	51	3.8	56	3.8	154	3.7
Vitamins	53	3.9	63	4.7	56	3.8	172	4.2
Diuretics	52	3.8	22	1.6	40	2.7	114	2.8
Antibiotics	—	—	3	0.2	2	0.1	5	0.1
Other	15	1.1	19	1.4	19	1.3	53	1.3
Total	167	12.4	158	11.7	173	11.9	498	12.1
1967								
Insulin	56	4.2	56	4.5	51	3.9	163	4.2
B-12	49	3.7	80	6.4	60	4.5	189	4.8
Other	53	3.9	94	7.5	52	3.9	199	5.1
Total	158	11.7	230	18.4	163	12.3	551	14.1
Medications Given to Induce Sleep								
1968	506	37.8	569	42.7	412	28.3	1,487	36.0
1967	511	38.1	419	33.5	357	26.9	1,287	32.6
Narcotics								
Demerol	7	0.5	17	1.2	18	1.2	42	1.0
Morphine	3	0.2	1	0.7	1	0.1	5	0.1
292	74	5.5	55	4.1	67	4.6	196	4.8
282	11	0.8	12	0.9	18	1.2	41	0.9

Table 25 lists the number and frequency of dressings being provided in the nursing homes.

In the cases investigated, it was found that most patients receiving treatment for decubitus ulcers were admitted to the nursing home with this condition. The

efforts by nursing home staffs to prevent decubitus ulcers is reflected in the 562 patients who are actually lifted out of bed and placed in chairs and also in that only 40 patients are confined to bed all the time.

Table 25: Number and Percent of Patients in the Nursing Homes at 31 December, 1968 Who Required Dressings, Ointments and Care of Decubitus Ulcers

	Calgary District		Edmonton District		Other Districts		All Districts	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent
Dressings								
Weekly	9	.7	1	.1	2	.1	12	.3
Daily	22	1.6	21	1.5	20	1.4	63	1.5
Twice Daily	12	.9	13	.9	12	.8	37	.9
Three Times Daily	3	.2	7	.5	14	1.0	24	.6
More Frequently	1	.7	1	.1	11	.8	13	.4
Total for 1968	47	4.1	43	3.1	59	4.1	149	3.7
Total for 1967	36	2.7	80	6.4	51	3.9	167	4.3
Ointments required	166	12.4	179	13.4	166	11.4	511	12.4
Care of Decubitus Ulcers	9	.7	8	.6	20	1.4	37	.9

Table 26 lists additional types of treatments and services provided to patients in nursing homes. 9.4% of all patients receive special eye care and 1.4% are given special ear care. It is of interest to note that 6 out of 12 colostomy patients are able to care for this condition independently. It is also noted that 1,294 or nearly one-third of all patients required enemas or suppositories which is an indication of the high rate of constipation among the elderly, a condition which can be related, to some extent, to a lack of physical activity.

Restraints as shown on the table are classified as:

(a) **Ordinary** — meaning the type used to hold a patient in a chair to keep him from slipping or falling off.

(b) **Special** — the type required to hold a patient down because of agitation or behaviour, for example, posey belt, straight jacket, etc.

10% of all patients require ordinary restraints and 1.1% require special restraints.

Table 26: Number and Percent of Patients in the Nursing Homes at 31 December, 1968 Who Required Other Types of Treatment and Services

	Calgary District		Edmonton District		Other Districts		All Districts	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent
Eye Drops	99	7.4	101	7.6	134	9.2	334	8.1
Eye Irrigations	20	1.5	7	.5	27	1.9	54	1.3
Ear Drops	13	.9	11	.8	18	1.2	42	1.0
Ear Irrigations	5	.3	3	.2	9	.6	17	.4
Care of Colostomy								
Independent	2	.1	3	.2	1	.1	6	.1
Requiring Assistance	—	—	9	.6	3	.2	12	.3
Enemas and Suppositories	438	32.5	422	30.9	434	29.8	1,294	31.3
Assistance in Foot Care	377	28.0	315	24.4	162	11.1	854	20.7
Restraints								
Ordinary	99	7.4	97	7.3	222	15.2	418	10.1
Special	9	.6	19	1.5	17	1.2	45	1.1

Table 27 indicates a decrease in range of motion and group exercises for both the Calgary and Edmonton

districts but an increase in other districts.

Table 27: Number and Percent of Patients in the Nursing Homes at 31 December, 1968 Who Were on Range of Motion and Group Exercises

	Calgary District		Edmonton District		Other Districts		All Districts	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent
1968								
Group Exercises	262	19.5	146	10.9	285	19.6	693	16.8
Range of Motion	152	11.3	81	6.0	253	17.4	486	11.8
1967								
Group Exercises	420	31.3	173	13.8	184	13.9	777	19.8
Range of Motion	169	12.6	161	12.9	235	17.7	565	14.4

Vital Signs Taken and Recorded

Blood Pressure

Table 28 shows that blood pressures are taken in most instances on a monthly basis which closely resembles the type of service that would be rendered at a doctor's office for anyone suffering from hypertension.

Pulse

It is noted that there is a fairly high incidence of daily pulse being taken. This is due in many cases to

the drug, Digoxin, which requires that pulse be checked before administration to prevent toxicity which can result from overdosage.

Temperature and Respiration

Most nursing homes check temperatures and respiration on a p.r.n. basis only as the necessity for this procedure in a nursing home does not carry the significance that applies in a hospital. Only one nursing home insists on the daily taking of T.P.R. for every patient without exception.

**Table 28: Number and Percent of Patients in the Nursing Homes at 31 December, 1968
for Whom Vital Signs are Taken and Recorded**

	Calgary District		Edmonton District		Other Districts		All Districts	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent
Vital Signs								
Blood Pressure								
Monthly	903	67.0	484	36.3	733	50.3	2,120	51.4
Weekly	30	2.2	28	2.1	94	6.5	152	3.7
Daily	6	.4	4	0.3	51	3.5	61	1.5
More Frequently	—	—	4	0.3	8	.5	12	.3
Pulse								
Monthly	331	24.7	175	13.1	446	30.6	952	23.1
Weekly	23	1.7	81	6.0	85	5.8	189	4.6
Daily*	181	13.5	253	19.0	277	19.0	711	17.2
Temperature and Respiration								
Monthly	160	12.0	158	11.9	174	12.0	492	11.9
Weekly	1	0.1	61	4.6	12	0.8	74	1.8
Daily*	—	—	—	—	56	3.8	56	1.4

*See observations preceding this table.

Special Professional Services

Table 29 shows that very few professional services in this category are carried out in nursing homes. Since the nursing home is not a hospital and is not

equipped or staffed to provide hospital care, the items shown on the table are provided, in most instances, as emergency services prior to transfer of the patient to a hospital. These services are, therefore, not provided routinely in any nursing home.

**Table 29: Number and Percent of Patients in the Nursing Homes at 31 December, 1968
Who Required Special Professional Services**

	Calgary District		Edmonton District		Other Districts		All Districts	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent
Oxygen								
Continuous	—	—	1	.1	—	—	1	*
At Intervals	1	.1	5	.3	15	1.0	21	.5
Gastric Tube Feeding	—	—	1	.1	1	*	2	*
Isolation Technique	—	—	1	.1	2	.1	3	.1
Intake and Output Recorded	3	*	4	.3	11	.8	18	.4
Catheter	—	—	6	.4	6	.4	12	.3
Condom	—	—	6	.4	10	.7	16	.4

*.05 or less.

8. STAFFING

A summary of the staff employed in nursing homes at the end of 1968 is shown in Table 30. The details for individual institutions are given in Table 37 (Appendix).

The ratio of total staff to total patients in 1968 is slightly lower than in previous years. When the part-time personnel are equated into full-time at the rate of two to one and excluding the staff and patients of the Edmonton Veterans' Home, there are the equivalent of 1,828 full-time staff employed in contract nursing homes looking after a total of 3,982 patients. This is a ratio of 46 staff for every 100 patients or 1 staff for

every 2.2 patients. By comparison the ratio in auxiliary hospitals in 1968 was approximately 1 staff for every 1.1 patients, while general hospitals had a ratio of approximately 2.5 staff for every patient.

The same formula applied to nursing staff only reveals that with an equivalent of 1,051 full-time nursing staff there is a ratio of 26 nursing staff for every 100 patients or 1 nursing staff for every 3.7 patients. The ratio in auxiliary hospitals in 1968 was approximately 1 nursing staff for every 1.7 patients while general hospitals had a ratio of approximately 1 nursing staff for every .79 patient.

The above comparisons point out a significant variation which is directly related to the number of personnel required to provide the level of care and

services proper to each type of institution. For example, the high ratio in general hospitals reflects additional staff requirements for such diagnostic and

treatment services as laboratory, x-ray, emergency, operating room, case room and nursery which are not found in long-term care institutions.

Table 30: Number and Types of Personnel Employed at 31 December, 1968*

	1967			1968		
	Number Employed F.T.	P.T.	Percentage Distribution	Number Employed F.T.	P.T.**	Percentage Distribution
Nursing Services:						
Registered Nurses	88	124	8.6	87	130	8.3
Graduate Nurses	19	17	1.5	24	20	1.9
Certified Nurses Aides	73	24	4.8	38	14	2.5
Orderlies	32	31	2.7	30	23	2.3
Other Nursing Staff	570	235	39.0	660	236	42.5
Total General Nursing Services	782	431	56.6	839	423	57.5
Special Services	25	30	2.3	11	24	1.3
General Services:						
Administration	66	63	5.5	60	43	4.4
Dietary	296	140	20.7	319	144	21.3
Laundry	61	39	4.6	69	41	4.9
Housekeeping	133	45	8.8	135	55	8.9
Operation and Maintenance of Physical Plant	17	19	1.5	19	22	1.7
Total General Services	573	306	41.1	602	305	41.2
Total of All Staff	1,380	767	100.0	1,452	752	100.0

*Does not include employees of the Veterans' Home, Edmonton.

**In calculating percentages, two part-time employees have been considered the equivalent of one full-time employee.

9. FINANCIAL

The following table 31 of 1968 indices is presented for comparative purposes. A review of the 1968 oper-

ating cost is presented in the report to the Minister of Health in Appendix D.

**Summary of Group Nursing Home Activity, Staff Utilization and Cost Indices
For Period 1st January to 31st December, 1968**

Table 31

No.	Index Description	Inter Quartile Range of Nursing Home Indices for all Groups								
		First Quartile			Median			Third Quartile		
		Group 1	Group 2	Group 3	Group 1	Group 2	Group 3	Group 1	Group 2	Group 3
1	Percentage — Occupancy	98.00	98.41	91.92	98.88	99.17	96.82	99.19	99.39	98.16
2	Orderly and CNA Paid Hours/Patient Day	0.05	0.08	0.08	0.12	0.19	0.19	0.18	0.38	0.28
3	Registered and Graduate Nurse Paid Hours/Patient Day	0.24	0.13	0.16	0.27	0.22	0.22	0.35	0.30	0.27
4	Other Nursing Staff Paid Hours/Patient Day	0.82	1.08	0.91	0.94	1.12	1.35	1.19	1.37	1.53
5	Orderly and CNA Salary Cost/Paid Hour	1.12	1.53	1.07	1.59	1.85	1.55	1.92	2.19	1.86
6	Registered and Graduate Nurse Salary Cost/Paid Hour	2.09	2.50	2.45	2.25	2.62	2.60	2.51	2.79	2.76
7	Other Nursing Staff Salaries Cost/Paid Hour	1.26	1.30	1.26	1.33	1.36	1.31	1.42	1.40	1.40
8	Diversional Activity Cost/Patient Day ..	0.02	0.01	0.00	0.04	0.04	0.03	0.08	0.10	0.04
9	Total Paid Staff Hours/Patient Day	2.12	2.48	2.71	2.37	2.65	2.94	2.56	3.05	3.09
10	Total Salary Cost/Patient Day	3.44	3.89	4.16	3.75	4.40	4.33	4.15	4.68	5.00
11	Net Expenditure/Patient Day	7.85	7.64	7.78	8.40	8.36	8.05	9.15	9.10	8.51
12	Laundry Pounds/Patient Day	2.96	3.64	2.18	3.74	4.98	3.47	6.10	10.10	3.96
13	Laundry Pounds/Paid Laundry Hour	28.66	21.74	11.58	39.94	33.51	21.27	51.54	96.50	36.94
14	Total Laundry Service Cost/Pound	0.03	0.02	0.06	0.05	0.04	0.08	0.06	0.08	0.09
15	Linen Service Cost/Patient Day	0.03	0.05	0.01	0.05	0.08	0.02	0.10	0.09	0.04
16	Meal Days/Paid Dietary Hour	1.74	1.81	1.54	2.12	2.01	1.65	2.38	2.87	1.97
17	Raw Food Cost/Meal Day	0.70	0.62	0.75	0.80	0.75	0.84	0.92	0.89	0.95
18	Dietary Service Cost/Meal Day	1.38	1.14	1.45	1.49	1.51	1.75	1.80	1.68	1.88
19	Recoveries/Meal Day	0.02	0.06	0.04	0.05	0.07	0.09	0.09	0.16	0.16
20	General Admin. Paid Hours/Rated Bed Day	0.08	0.08	0.05	0.12	0.11	0.10	0.18	0.17	0.16
21	General Admin. Cost/Paid General Admin. Hour	5.18	4.10	4.17	6.29	7.65	7.49	10.97	12.62	10.13
22	Housekeeping Paid Hours/Rated Bed Day	0.18	0.18	0.17	0.22	0.22	0.22	0.26	0.25	0.30
23	Total Housekeeping Cost/Paid Hour	1.56	1.51	1.54	1.68	1.54	1.66	1.78	1.81	1.78
24	Physical Plant Paid Hours/Rated Bed Day	0.02	0.05	0.05	0.04	0.07	0.06	0.07	0.08	0.11
25	Total Physical Plant Cost/Paid Hour	10.00	7.62	6.73	12.84	13.81	10.36	23.73	14.76	13.81
26	Capital Cost/Patient Day	1.91	1.73	0.99	2.28	2.11	1.75	2.84	2.36	1.91
27	Drug Cost/Patient Day	0.05	0.03	0.04	0.07	0.06	0.05	0.13	0.09	0.08
28	Cost Medical Surgical Supplies/Patient Day	0.02	0.02	0.03	0.03	0.03	0.03	0.06	0.08	0.04

Table 32: Names and Populations of Districts, Nursing Homes in Operation and Under Construction, with Ownership Indicated as at December 31, 1968

District No.	Name of District and Nursing Homes in Operation or Under Construction	Population of District	Type of Ownership	No. of Rated Beds as at December 31, 1968	No. of Beds Under Construction at December 31, 1968
1	GRANDE PRAIRIE AUXILIARY HOSPITAL AND NURSING HOME DISTRICT	27,263			
	Grande Prairie Central Park Lodge		Private	80	—
2	VERMILION RIVER AUXILIARY HOSPITAL AND NURSING HOME DISTRICT	15,977			
3	DRUMHELLER AUXILIARY HOSPITAL AND NURSING HOME DISTRICT	10,259			
	Dr. T. R. Ross Memorial Nursing Home		District	44	16
4	WILLOWCREEK - CLARESHOLM AUXILIARY HOSPITAL AND NURSING HOME DISTRICT	17,470			
	Blunt's Nuring Home, Fort Macleod		Private	50	—
5	LETHBRIDGE AUXILIARY HOSPITAL AND NURSING HOME DISTRICT	72,545			
	Devon Nursing Home		Private	59	—
	Edith Cavell Nursing Home		Private	70	30
6	MEDICINE HAT - FORTY MILE AUXILIARY HOSPITAL AND NURSING HOME DISTRICT	38,852			
	River View Nursing Home		Private	106	—
	*Sunnyside Nursing Home		Religious	100	—
7	CALGARY AUXILIARY HOSPITAL AND NURSING HOME DISTRICT	380,285			
	Beverly Nursing Home		Private	34	—
	Blunt's Kenwood Nursing Home		Private	96	—
	Bow Crest Nursing Home		Private	67	—
	Bow View Nursing Home		Private	154	—
	Brentwood Nursing Home		Private	120	—
	The Cedars Villa		Private	148	—
	Calgary Central Park Lodge		Private	120	—
	Chinook Nursing Home		Private	149	—
	Father Lacombe Nursing Home, Midnapore		Religious	100	—
	George Boyack Nursing Home		District		225
	Glamorgan Nursing Home		Private	58	—
	Mayfair Nursing Home		Private	142	—
	Meadowbrook Nursing Home		Private	30	—
	Scottish Nursing Home		Private	46	—
	Southwood Nursing Home		Private	120	—
8	CARDSTON NURSING HOME DISTRICT	8,850			
9	COLEMAN-BLAIRMORE NURSING HOME DISTRICT	6,115			
10	BROOKS - NEWELL NURSING HOME DISTRICT	10,907			
11	VULCAN - FOOTHILLS NURSING HOME DISTRICT	18,925			
	Twilight Nursing Home, High River		Private	34	—
	Blunt's Nursing Home, Vulcan		Private	35	—
12	HANNA†	14,368			
13	MOUNTAIN VIEW - KNEEHILL AUXILIARY HOSPITAL AND NURSING HOME DISTRICT	24,977			
	Linden Nursing Home, Linden		Religious	37	—
14	RED DEER AUXILIARY HOSPITAL AND NURSING HOME DISTRICT	53,724			
	Red Deer Nursing Home		Private	78	—
	West Park Nursing Home		Private	70	—
15	STETTLE AUXILIARY HOSPITAL DISTRICT†	10,848			
16	CORONATION - PAINT EARTH DISTRICT†	5,497			
17	LACOMBE NURSING HOME DISTRICT	14,850			
	Lacombe Nursing Home		District	42	—
17A	PONOKA NURSING HOME DISTRICT	14,489			
	Northcott Lodge Nursing Home		Private	70	—

Table 32: Names and Populations of Districts, Nursing Homes in Operation and Under Construction, with Ownership Indicated as at December 31, 1968

District No.	Name of District and Nursing Homes in Operation or Under Construction	Population of District	Type of Ownership	No. of Rated Beds as at December 31, 1968	No. of Beds Under Construction at December 31, 1968
18	WETASKIWIN - LEDUC AUXILIARY HOSPITAL AND NURSING HOME DISTRICT	32,000			
	Blunt's Nursing Home, Leduc		Private	50	—
	Green Acres Nursing Home, Wetaskiwin		Private	50	—
19	CAMROSE NURSING HOME DISTRICT	18,761			
	Bethany Nursing Home		Religious	68	—
20	FLAGSTAFF - BEAVER AUXILIARY HOSPITAL AND NURSING HOME DISTRICT	19,837			
	Blunt's Nursing Home, Viking		Private	64	—
21	WAINWRIGHT - PROVOST AUXILIARY HOSPITAL AND NURSING HOME DISTRICT	14,290			
	Provost Nursing Home		District		36
22	MINBURN - EAGLE AUXILIARY HOSPITAL AND NURSING HOME DISTRICT	18,413			
23	LAMONT - SMOKY LAKE AUXILIARY HOSPITAL AND NURSING HOME DISTRICT	13,981			
24	EDMONTON AND RURAL AUXILIARY HOSPITAL AND NURSING HOME DISTRICT	459,451			
	Edmonton Central Park Lodge		Private	124	10
	Edmonton Veterans' Home (D.V.A.)		Government	150	—
	Good Samaritan Nursing Home		Religious	196	—
	Hardisty Nursing Home		Private	134	—
	Holyrood Nursing Home		Private	75	—
	**Jasper Place Central Park Lodge		Private	78	—
	Jubilee Lodge		Private	128	—
	Sherbrooke Lodge		Private	116	—
	Venta Nursing Home		Private	55	—
	Youville Nursing Home, St. Albert		Religious	162	—
	Rivercrest Lodge Nursing Home, Fort Saskatchewan		Private	70	—
	Good Samaritan Nursing Home, Stony Plain		Religious	75	—
25	EDSON DISTRICT†	19,336			
26	BARRHEAD - THORHILD - WESTLOCK AUXILIARY HOSPITAL AND NURSING HOME DISTRICT	27,148			
	Barrhead Nursing Home, Barrhead		Private	52	—
27	LAC STE. ANNE - WHITECOURT NURSING HOME DISTRICT	12,493			
	Blunt's Nursing Home, Mayerthorpe		Private	50	—
28	ATHABASCA - LAC LA BICHE NURSING HOME DISTRICT	17,156			
	Blunt's Nursing Home, Athabasca		Private	50	—
29	BONNYVILLE - ST. PAUL NURSING HOME DISTRICT	30,326			
	Blunt's Nursing Home, Bonnyville		Private	50	—
	Blunt's Nursing Home, St. Paul		Private	50	—
30	McLENNAN - HIGH PRAIRIE NURSING HOME DISTRICT	17,698			
	Gamelin Nursing Home, High Prairie		Religious	50	—
	Notre Dame Du Lac Nursing Home, McLennan		Religious	50	—
31	PEACE RIVER - FAIRVIEW AUXILIARY HOSPITAL AND NURSING HOME DISTRICT	30,043			
	Fairview Nursing Home, Fairview		District	40	—
32	SPIRIT RIVER DISTRICT†	8,637			
	TOTALS	xx1,485,771		4,246	317

*Replaced Baptist Haven of Rest.

†Not yet incorporated as a nursing home district.

**Previously the Westhaven Nursing Home.

xxCertain sparsely settled areas are not included in any district.

Table 33: Rated Bed Capacity, Movement of Patients, Percentage Occupancy and Average Length of Stay, 1968

Nursing Homes	Number of Patients					Average Stay in Days			
	Bed Capacity 31 December 1968	In Nursing Home 1 January 1968	In Nursing Home 31 December 1968	Admitted During 1968	Discharged or Died 1968	Average Patient Census	Percentage Occupancy	Discharged Patients	Patients Still in Nursing Homes
Calgary, Beverly	34	33	34	44	43	33.4	98.4	292.6	493.6
Calgary, Blunt's Kenwood	96	96	96	54	54	95.3	99.2	480.4	692.4
Calgary, Bow Crest	67	67	66	32	33	66.5	99.3	469.9	799.0
Calgary, Bow View	154	151	153	139	137	152.1	98.7	355.4	524.7
Calgary, Brentwood	120	119	118	41	42	119.3	99.4	577.0	851.6
Calgary, The Cedars Villa	148	146	146	92	92	146.9	99.3	526.7	692.6
Calgary, Central Park Lodge	120	112	114	96	94	116.4	97.0	311.5	546.5
Calgary, Chinook	149	146	149	99	96	147.4	98.9	324.2	510.9
Calgary, Glamorgan	58	58	58	26	26	57.6	99.3	766.1	702.9
Calgary, Father Lacombe	100	95	99	66	62	98.4	98.4	289.9	615.0
Calgary, Mayfair	142	119	114	77	82	116.9	82.3	378.5	618.3
Calgary, Meadowbrook	30	25	30	43	38	28.1	98.8	144.3	250.7
Calgary, Scottish	46	44	45	28	27	45.6	99.2	304.9	587.9
Calgary, Southwood	120	116	118	73	71	118.7	98.9	377.6	607.6
Sub Total	1,384	1,327	1,340	910	897	1,342.6	97.1	338.0	622.0
Edmonton, Central Park Lodge	124	117	120	110	107	118.5	95.5	370.9	551.4
Edmonton, Veterans Home	150	129	144	155	140	141.5	94.3	219.8	397.2
Edmonton, Good Samaritan	196	194	195	140	139	193.6	98.8	378.3	513.0
Edmonton, Hardisty	134	132	131	145	146	131.9	98.4	285.6	467.9
Edmonton, Holyrood	75	75	74	50	51	74.3	99.1	288.4	435.1
Edmonton, Jubilee Lodge	128	127	123	95	99	125.3	95.8	542.4	663.9
Fort Saskatchewan, Rivercrest	70	65	65	56	56	64.5	97.4	434.0	434.3
Edmonton, Sherbrooke Lodge	116	114	114	47	47	114.7	98.9	396.7	691.2
Edmonton, Vento	55	53	54	29	28	53.8	97.8	414.9	695.9
Edmonton, Jasper Place Central Park	78	77	77	56	56	77.5	99.3	426.1	570.4
St. Albert, Youville	162	159	158	96	97	160.6	99.1	503.8	706.3
Stony Plain, Good Samaritan	75	—	75	163	88	65.8	87.8	68.2	173.5
Sub Total	1,363	1,242	1,330	1,142	1,054	1,322.2	97.6	347.6	555.6
Athabasca, Blunt's	50	41	49	58	50	46.4	92.9	178.5	300.4
Barrhead, Barrhead	52	51	49	60	62	50.4	96.8	251.0	436.3
Bonnyville, Blunt's	50	49	50	55	54	48.5	97.0	177.7	366.1
Camrose, Bethany	68	68	68	44	44	67.7	99.6	372.5	632.1
Drumheller, Dr. T. R. Ross	44	37	43	29	23	40.4	98.8	259.4	375.3
Fairview, Fairview	40	36	38	49	47	36.8	91.9	163.6	296.0
Fort MacLeod, Blunt's	50	46	48	59	57	48.4	96.8	191.1	415.4
Grande Prairie, Central Park	80	78	79	61	60	78.4	98.0	343.7	533.0
High Prairie, Gamelin	50	35	45	81	71	37.5	74.9	109.8	237.5
High River, Twilight	34	34	33	29	30	33.8	99.3	339.4	669.4
Lacombe, Lacombe	42	—	41	54	13	29.9	71.3	28.2	66.2
Leduc, Blunt's	50	48	50	55	53	48.8	97.7	197.9	352.9
Lethbridge, Devon	59	56	59	30	27	58.6	99.3	407.1	663.2
Lethbridge, Edith Cavell	70	70	69	35	36	69.5	99.4	492.3	578.1
Linden, Linden	37	37	37	31	31	36.0	97.3	441.5	595.7
McLennan, Notre Dame	50	32	49	53	36	39.6	79.2	230.8	338.4
Mayerthorpe, Blunt's	50	42	49	107	100	46.7	93.5	116.6	230.1
Medicine Hat, Sunnyside	100	48	92	89	45	55.7	91.7	250.1	368.2
Medicine Hat, River View	106	104	103	107	108	105.1	99.2	363.0	560.5
Ponoka, Northcott	70	64	69	67	62	65.4	97.4	224.8	484.3
Red Deer, Red Deer	78	78	75	60	63	76.7	98.3	399.2	570.3
Red Deer, West Park	70	70	68	33	35	69.6	99.5	616.6	621.5
St. Paul, Blunt's	50	49	50	56	55	49.1	98.2	211.2	392.8
Viking, Blunt's	64	62	60	74	76	61.7	96.4	194.2	361.2
Vulcan, Blunt's	35	35	33	30	32	34.7	99.2	291.9	392.2
Wetaskiwin, Green Acres	50	48	50	34	32	49.7	99.3	296.6	576.6
Sub Total	1,499	1,318	1,456	1,440	1,302	1,385.1	97.1	263.6	455.6
Grand Total	4,246	3,887	4,126	3,492	3,253	4,049.7	96.8	311.3	541.9

Table 34: Distribution of Patient Days During Year by Responsibility for Payment and by Type of Accommodation Charged, 1968

Responsibility for Payment													
Type of Accommodation Charged				Responsibility for Payment									
Nursing Home	Total Patient Days During the Year	Standard Ward	Semi-Private Ward	Private Rooms	Nursing Home Plan	Department of Public Welfare	Federal Government	Workmen's Compensation Board	Non Residents	Private Paying Patients	Pending Payment	Total	Paid for Previous Years
Calgary, Beverly	12,243	9,941	1,936	366	9,405	2,123	—	—	715	—	—	12,243	23
Calgary, Blunt's Kenwood	34,868	31,139	2,346	1,383	33,648	873	—	—	339	—	8	34,868	3
Calgary, Bow Crest	24,345	23,028	1,079	238	19,538	4,774	—	—	—	—	33	24,345	—
Calgary, Bow View	55,654	46,755	7,455	1,444	43,746	10,570	—	—	940	366	32	55,654	360
Calgary, Brentwood	43,655	30,597	7,906	5,152	41,302	2,337	—	—	—	—	16	43,655	4
Calgary, The Cedars Villa	53,780	36,163	16,885	732	50,008	2,711	—	348	713	—	—	53,780	32
Calgary, Central Park Lodge	42,612	30,459	—	12,153	38,633	1,783	—	—	1,098	—	—	42,612	—
Calgary, Chinook	53,954	38,374	10,594	4,986	49,255	3,127	—	—	1,572	—	—	53,954	28
Calgary, Glamorgan	21,076	15,107	3,732	2,237	19,272	1,660	—	—	144	—	—	21,076	—
Calgary, Father Lacombe	36,024	26,755	6,485	2,784	29,943	5,030	1,048	—	—	—	3	36,024	17
Calgary, Mayfair	42,791	28,443	1,624	12,724	40,338	1,303	—	—	1,150	—	—	42,791	1,293
Calgary, Meadowbrook	10,274	10,274	—	—	8,697	1,242	—	—	271	—	64	10,274	—
Calgary, Scottish	16,688	11,691	3,171	1,826	15,196	1,492	—	—	—	—	—	16,688	9
Calgary, Southwood	43,440	31,807	6,318	5,315	39,017	3,970	—	—	453	—	—	43,440	10
Sub Total	491,404	370,533	69,531	51,340	437,998	42,995	1,048	348	7,395	1,464	156	491,404	1,779
Edmonton, Central Park Lodge	43,365	31,327	8,946	3,092	37,339	5,007	—	567	—	443	9	43,365	6
Edmonton, Veterans Home	51,772	51,772	—	—	49,288	—	2,484	—	—	—	—	51,772	362
Edmonton, Good Samaritan	70,857	51,457	14,430	4,970	65,320	4,141	—	1,396	—	—	—	70,857	—
Edmonton, Hardisty	48,261	42,063	—	6,198	44,788	3,460	—	—	13	—	—	48,261	1
Edmonton, Holyrood	27,192	25,027	1,112	1,053	24,432	2,744	—	—	—	—	16	27,192	38
Edmonton, Jubilee Lodge	45,854	34,980	9,739	1,135	41,519	3,856	—	—	462	—	17	45,854	240
Fort Saskatchewan, Rivercrest	23,622	23,033	—	589	22,070	1,323	—	—	229	—	—	23,622	—
Edmonton, Sherbrooke Lodge	42,001	32,154	7,756	2,091	40,477	1,240	—	—	232	52	—	42,001	31
Edmonton, Vanta	19,690	17,293	2,031	366	17,102	2,588	—	—	—	—	—	19,690	—11
Edmonton, Jasper Place Central Park	28,364	23,290	4,350	724	27,249	642	—	—	366	—	107	28,364	43
St. Albert, Youville	58,793	41,288	9,117	8,388	52,898	5,571	—	—	324	—	—	58,793	—
Stony Plain, Good Samaritan	19,029	17,075	1,670	284	17,025	1,071	—	225	703	5	—	19,029	—
Sub Total	478,800	390,759	59,151	28,890	439,507	31,643	2,484	2,188	2,329	500	149	478,800	710
Athabasca, Blunt's	16,996	15,637	884	475	14,328	2,132	536	—	—	—	—	16,996	—1
Barrhead, Barrhead	18,432	18,157	—	275	18,022	410	—	—	—	—	—	18,432	—2
Bonnyville, Blunt's	17,758	17,727	31	—	13,006	3,735	531	—	354	—	132	17,758	97
Camrose, Bethany	24,782	17,319	1,050	6,413	22,371	2,411	—	—	—	—	—	24,782	34
Drumheller, Dr. T. R. Ross	14,772	14,588	—	184	14,040	732	—	—	—	—	—	14,772	34
Fairview, Fairview	13,455	13,058	—	397	12,365	1,058	—	—	32	—	—	13,455	86
Fort MacLeod, Blunt's	17,718	15,559	1,740	419	14,952	2,399	366	—	1	—	—	17,718	17
Grande Prairie, Central Park	28,708	27,643	1,065	—	25,828	2,715	—	—	165	—	—	28,708	—
High Prairie, Gamelin	13,717	13,294	—	423	11,127	2,259	224	—	103	4	—	13,717	—
High River, Twilight	12,358	11,604	754	—	12,190	107	—	—	—	—	61	12,358	1
Lacombe, Lacombe	3,083	2,607	229	247	3,072	—	—	—	—	—	11	3,083	—
Leduc, Blunt's	17,873	17,417	425	31	16,024	1,817	—	—	—	32	—	17,873	124
Lethbridge, Devon	21,447	17,469	2,929	1,049	20,219	1,118	—	—	—	—	110	21,447	—19
Lethbridge, Edith Cavell	25,455	22,074	1,219	2,162	24,135	1,264	—	—	56	—	—	25,455	—
Linden, Linden	13,170	13,170	—	—	12,379	732	—	—	—	59	—	13,170	18
McLennan, Notre Dame	14,485	14,032	90	363	13,182	1,303	—	—	—	—	—	14,485	41
Mayerthorpe, Blunt's	17,107	16,383	358	366	14,603	2,091	—	—	391	22	—	17,107	4
Medicine Hat, Sunnyside	20,376	17,093	1,174	2,109	17,454	2,230	—	—	692	—	—	20,376	—
Medicine Hat, River View	38,475	31,261	5,886	1,328	31,956	3,231	—	—	3,288	—	—	38,475	—
Ponoka, Northcott	23,946	23,221	725	—	21,581	2,365	—	—	—	—	—	23,946	—
Red Deer, Red Deer	28,070	20,983	5,199	1,888	26,390	1,680	—	—	—	—	—	28,070	—
Red Deer, West Park	25,491	24,214	1,032	245	24,031	1,460	—	—	—	—	—	25,491	—
St. Paul, Blunt's	17,964	17,263	701	—	15,502	2,079	371	—	—	—	12	17,964	14
St. Paul, Blunt's	22,587	18,895	3,348	344	19,634	2,298	—	—	—	655	—	22,587	—
Viking, Blunt's	12,713	11,513	1,200	—	10,902	1,811	—	—	—	—	—	12,713	—
Vulcan, Blunt's	—	—	—	—	—	—	—	—	—	—	—	—	—
Wetaskiwin, Green Acres	18,178	15,568	1,951	659	13,908	3,563	644	—	55	8	—	18,178	6
Sub Total	499,116	447,749	31,990	19,377	443,201	47,000	2,672	—	4,972	945	326	499,116	476
Grand Total	1,469,320	1,209,041	160,672	99,607	1,320,706	121,638	6,204	2,536	14,696	2,909	631	1,469,320	2,965

Table 35: Patients by Sex, Age and Marital Status, 1968

Patients Separated During the Year										Patients in Nursing Home as at 31 December, 1968									
Age	Popula- tion	Number of Separa- tion	Marital Status Number of Patients			Accu- mulated Days of Stay	Percentage Distribution			Number of Patients	Marital Status Number of Patients			Accu- mulated Days of Stay	Percentage Distribution				
			Married	Single	Other		Popula- tion	Cases	Days		Married	Single	Other		Popula- tion	Cases	Days		
Male																			
0-9	177,200	4	—	4	—	110	22.5	.3	*	4	—	4	—	1,060	22.8	.2	.1		
10-19	159,000	5	—	5	—	7	20.5	.3	*	—	—	—	—	—	20.5	—	—		
20-29	104,800	4	—	4	—	2,434	13.5	.3	.6	7	—	7	—	3,338	13.5	.4	.4		
30-39	98,900	8	—	—	—	2,465	12.7	.5	.6	11	—	—	—	5,087	12.7	.6	.6		
40-49	88,500	21	1	13	2	7,043	11.4	1.4	1.6	36	9	22	5	18,071	11.4	2.1	2.2		
50-59	66,400	61	8	38	18	13,229	8.6	3.9	3.0	59	11	39	9	34,293	8.6	3.6	4.1		
60-69	44,900	153	33	62	58	36,473	5.8	9.8	8.2	202	48	96	58	97,583	5.8	11.9	11.7		
70-79	35,500	460	154	104	202	116,686	3.3	29.5	26.4	469	120	140	209	210,740	3.3	27.6	25.3		
80-89	10,000	694	204	86	404	219,415	1.3	44.5	49.5	720	191	138	391	350,840	1.3	42.4	42.0		
90 and over	900	133	42	15	76	41,722	.1	8.5	9.4	174	34	24	116	103,563	.1	10.2	12.4		
No age stated	—	16	6	—	10	2,992	—	1.0	.7	17	4	5	8	9,789	—	1.0	1.2		
Total	776,100	1,559	453	336	770	442,576	100.0	100.0	100.0	1,699	418	484	797	834,364	100.0	100.0	100.0		
Female																			
0-9	169,500	4	—	4	—	385	22.6	.2	.1	2	—	2	—	371	22.6	.1	*		
10-19	152,200	3	—	3	—	207	20.3	.2	*	1	—	1	—	143	20.3	.3	*		
20-29	108,100	7	—	7	—	934	14.4	.4	.2	6	—	5	—	2,135	14.4	.2	.2		
30-39	93,300	8	—	—	—	3,241	12.4	.5	.5	13	1	10	—	8,241	12.4	.5	.6		
40-49	86,700	19	6	7	7	2,885	11.6	1.1	.5	20	3	17	2	18,421	11.6	.8	1.3		
50-59	63,800	34	10	6	16	11,686	8.5	2.0	1.9	70	12	33	25	48,857	8.5	2.9	3.6		
60-69	41,100	158	47	10	101	43,171	5.5	9.3	7.1	181	35	33	113	102,571	5.5	7.5	7.5		
70-79	24,600	531	109	19	403	164,301	3.3	31.4	26.8	693	120	44	529	345,969	3.3	28.6	25.2		
80-89	9,600	764	107	22	635	297,758	1.3	45.1	48.6	1,183	124	60	999	678,535	1.3	48.1	49.4		
90 and over	1,000	160	13	3	144	86,367	.1	9.4	14.1	250	17	16	217	166,137	.1	10.3	12.0		
No age stated	—	6	—	—	6	1,245	—	.4	.2	8	3	—	5	2,256	—	.3	.2		
Total	749,900	1,694	293	89	1,312	612,180	100.0	100.0	100.0	2,427	316	221	1890	1,373,636	100.0	100.0	100.0		
Both Sexes																			
0-9	346,700	8	—	8	—	495	22.7	.3	.1	6	—	6	—	1,431	22.7	.1	.1		
10-19	311,200	8	—	8	—	214	20.4	.3	*	1	—	1	—	143	20.4	.3	*		
20-29	212,900	11	—	11	—	3,368	14.0	.3	.3	13	—	12	—	5,473	14.0	.3	.3		
30-39	192,200	16	2	12	2	5,706	12.6	.5	.5	24	4	19	1	13,328	12.6	.6	.6		
40-49	175,200	40	14	19	7	9,928	11.5	1.2	.9	56	10	39	7	36,492	11.5	1.4	1.6		
50-59	130,200	95	15	46	34	24,915	8.5	2.9	2.4	129	23	72	34	83,150	8.5	3.1	3.8		
60-69	86,000	311	80	72	159	79,644	5.6	9.6	7.6	383	83	129	171	200,154	5.6	9.3	9.1		
70-79	50,100	951	263	123	605	280,987	3.3	30.5	26.6	1,162	240	184	738	556,709	3.3	28.2	25.2		
80-89	19,600	1,458	311	108	1,039	517,173	1.3	44.8	49.0	1,903	315	198	1,390	1,029,375	1.3	46.1	46.6		
90 and over	1,900	293	55	18	220	128,089	.1	9.0	12.2	424	51	40	333	269,700	.1	10.3	12.2		
No age stated	—	22	6	—	16	4,237	—	.6	.4	25	7	5	13	12,045	—	.6	.5		
Total	1,526,000	3,253	746	425	2,082	1,054,756	100.0	100.0	100.0	4,126	734	705	2,687	2,208,000	100.0	100.0	100.0		

*Less than 0.5

Table 36: Migration of Patients — Placement of Patients Who Left Nursing Homes During 1968

Nursing Home	NUMBER OF LIVE SEPARATIONS — PATIENTS WENT TO								Total
	Private Homes	Other Contract Nursing Homes	Senior Citizens' Lodges	Homes Operated by Public Welfare	Auxiliary Hospitals	General Hospitals	Mental Hospitals	Other and Unspecified	
Calgary, Beverly	9	6	—	—	3	14	1	—	33
Calgary, Blunt's Kenwood	4	—	—	—	2	34	—	—	40
Calgary, Bow Crest	8	—	1	—	—	19	—	—	28
Calgary, Bow View	25	9	—	—	5	83	2	1	125
Calgary, Brentwood	2	9	—	—	2	28	—	—	34
Calgary, The Cedars Villa	15	2	—	—	7	44	3	—	71
Calgary, Central Park Lodge	26	2	1	—	2	60	—	—	91
Calgary, Chinook	18	1	—	—	2	53	—	—	74
Calgary, Chinook	3	—	—	—	2	12	—	—	17
Calgary, Glamorgan	16	—	1	—	1	33	—	1	52
Calgary, Father Lacombe	18	—	—	—	5	51	2	—	76
Calgary, Mayfair	9	5	5	—	2	14	—	—	35
Calgary, Meadowbrook	5	—	—	—	—	13	1	—	19
Calgary, Scottish	21	4	—	—	—	42	—	—	67
Calgary, Southwood	—	—	—	—	—	—	—	—	—
Sub Total	179	31	8	—	33	500	9	2	762
Edmonton, Central Park Lodge	18	3	—	—	9	47	7	—	84
Edmonton, Veterans Home	49	—	—	—	—	54	1	—	104
Edmonton, Good Samaritan	42	7	—	—	13	65	4	—	132
Edmonton, Hardisty	31	5	1	—	13	83	8	—	141
Edmonton, Holyrood	5	2	—	—	—	33	—	—	40
Edmonton, Jubilee Lodge	19	4	—	—	6	65	4	—	98
Fort Saskatchewan, Rivercrest	8	3	—	—	2	41	1	—	55
Edmonton, Sherbrooke Lodge	11	—	—	—	—	29	1	—	41
Edmonton, Vanta	4	1	—	—	3	18	1	1	28
Edmonton, Jasper Place Central Park	12	1	—	—	3	28	2	1	47
St. Albert, Youville	12	—	—	—	—	45	1	—	58
Stony Plain, Good Samaritan	21	6	1	—	4	46	5	—	83
Sub Total	232	32	2	—	53	554	35	3	911
Athabasca, Blunt's	10	2	—	—	—	23	1	—	38
Barrhead, Barrhead	6	3	1	—	4	43	2	—	59
Bonnyville, Blunt's	13	1	—	—	—	38	—	—	52
Camrose, Bethany	3	—	—	—	8	15	1	—	27
Drumheller, Dr. T. R. Ross	6	—	2	—	7	7	—	—	22
Fairview, Fairview	9	—	—	—	3	35	—	—	47
Fort MacLeod, Blunt's	9	3	2	—	—	35	1	—	50
Grande Prairie, Central Park	11	—	—	—	1	40	—	—	52
High Prairie, Gamelin	38	4	6	—	—	18	—	—	66
High River, Twilight	4	1	—	—	—	21	—	—	26
Lacombe, Lacombe	—	—	—	—	—	12	1	—	13
Leduc, Blunt's	4	1	—	—	1	40	1	—	47
Lethbridge, Devon	4	—	—	—	—	17	1	—	22
Lethbridge, Edith Cavell	6	—	—	—	5	16	—	—	27
Linden, Linden	15	—	—	—	—	10	1	—	26
McLennan, Notre Dame	12	—	2	—	—	22	—	—	36
Mayerthorpe, Blunt's	30	—	—	—	—	63	1	—	94
Medicine Hat, Sunnyside	9	2	2	—	—	28	1	—	42
Medicine Hat, River View	12	1	—	—	—	79	—	—	92
Ponoka, Northcott	8	7	1	—	1	30	6	—	53
Red Deer, Red Deer	4	2	—	—	1	29	4	—	45
Red Deer, West Park	—	2	—	—	2	13	2	—	19
St. Paul, Blunt's	7	—	—	1	—	38	—	—	46
Viking, Blunt's	10	3	3	—	—	48	—	—	64
Vulcan, Blunt's	5	—	—	—	—	18	1	—	27
Wetaskiwin, Green Acres	6	1	2	—	—	14	1	—	24
Sub Total	241	38	24	1	33	752	25	2	1,116
Grand Total	652	101	34	1	119	1,808	69	7	2,789

Table 37: Number of Staff Employed at December 31, 1968 by Category of Personnel or Services

GENERAL NURSING SERVICES												GENERAL SERVICES											
Rated Bed Capacity	Registered Nurses	Graduate Nurses	Certified Nursing Aids	Orderlies	Other Nursing Staff				Nursing Services				Other Special Services	Administration	Dietary	Laundry and Linen	Housekeeping	Operation and Maintenance of Physical Plant	Total General Services	Total for All Staff			
					F.T.	P.T.	F.T.	P.T.	F.T.	P.T.	F.T.	P.T.									F.T.	P.T.	F.T.
Nursing Homes																							
34	1	1	1	1	1	7	1	9	2	1	1	1	1	2	1	1	1	1	5	2	14		
96	4	4	2	1	1	15	6	21	10	1	3	1	1	3	7	1	1	2	9	12	31		
67	3	1	1	1	1	8	7	11	7	1	1	1	1	1	3	1	1	2	6	17	22		
154	3	2	1	1	1	30	9	37	13	1	2	2	2	11	3	1	1	7	23	6	61		
120	5	2	1	3	1	15	10	25	18	1	1	1	1	10	2	1	1	7	18	2	43		
148	2	3	1	1	1	14	15	17	18	1	3	1	1	10	5	2	1	4	23	9	29		
120	3	3	1	1	1	14	15	17	18	1	3	1	1	10	6	1	1	5	15	10	35		
149	3	2	1	1	1	18	7	28	18	1	1	1	1	13	3	1	1	6	24	3	53		
58	2	4	1	1	1	15	5	17	9	1	1	1	1	4	3	1	1	3	8	5	22		
100	4	2	1	1	1	11	15	22	18	1	2	1	1	9	10	3	1	3	16	12	30		
142	3	6	1	1	1	18	3	21	9	1	1	1	1	10	2	1	2	5	20	11	43		
30	1	1	1	1	1	3	2	6	4	1	1	1	1	1	1	1	1	1	3	3	9		
46	1	1	1	1	1	11	1	12	1	1	1	1	1	2	3	1	1	1	4	6	17		
120	4	5	1	3	1	18	9	25	14	1	2	1	1	8	2	1	3	4	15	6	40		
Sub Total																							
1384	39	35	10	14	19	197	92	271	148	7	8	21	8	94	25	17	15	48	189	87	243		
Edmonton, Central Park Lodge																							
124	1	5	2	1	1	14	14	17	21	1	1	1	1	8	5	2	1	1	12	7	29		
150	4	12	1	1	1	36	4	43	22	1	3	3	3	18	2	2	1	1	32	7	76		
196	2	13	1	1	1	13	10	15	30	1	2	2	2	10	4	1	1	8	21	13	29		
134	2	6	1	1	1	13	6	17	12	1	1	1	1	6	5	1	1	2	9	6	43		
75	2	2	1	1	1	13	4	17	8	1	5	1	1	11	6	2	1	3	21	8	38		
128	2	2	1	1	1	13	4	17	8	1	1	1	1	11	6	2	1	3	21	8	38		
70	1	1	1	1	1	9	1	11	2	1	1	1	1	4	6	1	1	1	7	8	11		
116	3	1	2	1	1	19	4	24	5	1	3	3	3	15	3	3	1	3	24	8	48		
55	1	2	1	1	1	8	1	10	4	1	1	1	1	4	2	2	2	3	8	7	18		
78	1	2	1	1	1	7	7	12	9	1	1	1	1	8	2	2	1	1	12	5	24		
162	3	7	2	1	1	26	8	37	15	1	3	5	1	12	12	5	2	4	26	17	63		
75	4	1	1	1	1	9	1	16	1	1	2	1	1	7	1	1	1	3	14	1	31		
Sub Total																							
1363	24	51	10	3	5	167	58	219	128	2	3	22	14	103	44	20	5	36	186	79	407		
Athabasca, Blunt's																							
50	1	2	1	1	1	13	1	13	3	1	1	1	1	5	1	1	1	1	7	2	20		
52	1	1	1	1	1	13	1	16	1	1	1	1	1	6	3	1	1	2	9	2	25		
50	1	1	1	1	1	14	2	15	3	1	1	1	1	4	3	1	1	2	7	6	22		
68	2	5	1	1	1	14	5	19	10	1	2	2	3	6	7	1	5	2	11	20	32		
44	1	1	1	1	1	8	1	10	1	1	1	1	1	4	4	1	1	1	2	14	16		
40	1	3	1	1	1	4	3	6	4	1	1	1	2	4	4	1	1	2	8	4	14		
50	1	1	1	1	1	12	3	14	3	1	1	1	1	5	1	1	1	1	8	3	22		
80	2	1	1	1	1	18	1	23	2	1	1	1	1	7	2	1	1	3	12	5	35		
50	1	1	1	1	1	10	1	11	2	1	2	2	1	6	1	1	1	1	12	2	23		
34	1	2	1	1	1	8	6	8	8	1	1	1	1	4	2	1	1	1	3	4	11		
42	1	4	1	1	1	10	4	12	5	1	1	1	1	5	2	1	1	2	8	3	19		
50	1	1	1	1	1	11	4	12	6	1	1	1	1	7	2	1	1	2	9	8	20		
59	1	1	1	1	1	24	1	25	5	1	1	1	1	7	3	6	2	3	17	4	42		
70	1	1	1	1	1	11	4	12	5	1	1	1	1	5	4	1	1	3	13	7	25		
37	1	1	1	1	1	5	2	10	7	1	1	1	1	2	4	1	2	1	10	14	17		
50	1	4	1	1	1	2	3	2	10	1	1	1	2	3	5	1	1	4	5	14	7		
50	1	1	1	1	1	10	1	12	4	1	1	1	1	4	2	2	1	2	8	2	20		
100	1	1	1	1	1	11	9	15	13	1	2	1	1	6	2	2	2	2	12	7	27		
106	3	5	1	1	1	22	9	26	14	1	2	2	1	6	3	2	2	4	14	8	41		
70	2	1	1	1	1	10	3	12	4	1	1	1	1	5	1	1	1	1	7	2	19		
78	3	5	1	1	1	10	18	13	23	1	1	1	1	7	1	1	1	4	12	2	25		
70	2	4	1	1	1	13	4	15	8	1	1	1	1	7	2	4	2	1	14	4	30		
50	1	1	1	1	1	12	4	14	3	1	1	1	1	6	4	1	1	1	9	5	23		
64	1	1	1	1	1	8	2	9	3	1	1	1	1	4	2	1	1	2	6	5	14		
35	1	1	1	1	1	10	2	12	2	1	1	1	1	3	1	1	1	1	5	5	14		
50	2	1	1	1	1	10	2	12	2	1	1	1	1	3	1	1	4	1	6	7	18		
Sub Total																							
1499	24	44	4	3	14	286	86	349	147	2	13	17	21	122	48	32	21	51	227	139	578		
Grand Total																							
4246	87	130	24	20	38	660	236	839	423	11	24	60	43	319	144	69	41	135	602	305	1452		

*Not obtained

Table 38: Districts of Origin of Patients in Nursing Homes at December 31, 1968

Location of Patients Original Residence																																					
Nursing Home in Which Patient is Located	District 1 Grande Prairie	District 2 Vermilion River	District 3 Drumheller	District 4 Willow Creek-Claresholm	District 5 Lethbridge	District 6 Medicine Hat Forty Mile	District 7 Calgary	District 8 Cardston	District 9 Coleman-Blairmore	District 10 Brooks-Newell	District 11 Vulcan-Foothills	District 12 Hanna	District 13 Mountain View-Kneehill	District 14 Red Deer	District 15 Stettler	District 16 Coronation-Paintearth	District 17 Lacombe-Ponoka	District 18 Wetaskiwin-Leduc	District 19 Camrose	District 20 Flagstaff-Beaver	District 21 Wainwright-Provost	District 22 Minburn-Eagle	District 23 Lamont-Smoky Lake	District 24 Edmonton and Rural	District 25 Edson	District 26 Barrehead-Thorild-Westlock	District 27 Lac Ste. Anne-Whitecourt	District 28 Athabasca-Lac La Biche	District 29 Bonnyville St. Paul	District 30 McLennan-High Prairie	District 31 Peace River-Fairview	District 32 Spirit River	Other Areas and Non-Residents	Total			
Calgary, Beverly	-	-	-	-	-	-	25	-	-	1	-	1	1	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	5	34		
Calgary, Blunt's Kenwood	-	-	-	-	-	-	90	-	-	-	-	2	1	1	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	2	96		
Calgary, Bow Crest	-	-	3	-	-	-	37	-	-	-	-	1	1	-	1	-	21	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	1	66		
Calgary, Bow View	-	-	-	-	-	1	138	-	-	1	2	4	1	1	-	-	2	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	2	153		
Calgary, Brentwood	-	-	-	-	-	-	118	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	118		
Calgary, The Cedars Villa	-	-	-	-	-	1	139	-	-	-	1	-	2	-	-	-	1	-	-	-	-	-	-	1	1	-	-	-	-	-	-	-	-	3	146		
Calgary, Central Park Lodge	-	-	-	-	-	-	106	-	-	1	2	2	3	4	1	-	1	-	-	-	-	-	-	1	1	-	-	-	-	-	-	-	-	3	114		
Calgary, Chinook	-	-	-	-	-	-	132	-	-	-	2	2	3	1	-	-	1	-	-	-	-	-	-	-	2	-	-	-	-	-	-	-	-	5	149		
Calgary, Glamorgan	-	-	-	-	-	-	50	-	-	-	1	1	4	1	-	-	1	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	2	58		
Calgary, Father Lacombe	-	-	-	-	-	-	79	-	-	-	5	1	1	1	-	-	1	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	3	99		
Calgary, Mayfair	-	-	-	-	-	-	108	-	-	-	1	-	1	-	-	-	1	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	3	114		
Calgary, Meadowbrook	-	-	-	-	-	-	30	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	30		
Calgary, Scottish	-	-	-	-	-	-	44	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	45			
Calgary, Southwood	-	-	-	-	-	1	109	-	-	2	-	1	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	3	118		
Sub Total	-	-	4	7	4	3	1205	-	-	5	14	12	15	3	2	-	28	-	1	1	-	-	-	-	8	-	-	-	-	-	1	-	-	27	1340		
Edmonton, Central Park Lodge	-	-	-	-	2	1	-	-	-	-	-	-	-	1	-	-	-	-	-	2	2	1	-	-	104	1	-	-	4	-	-	-	-	2	120		
Edmonton, Veterans Home	-	3	-	-	-	-	2	-	-	-	-	-	-	2	-	-	-	-	-	2	1	-	-	-	118	1	-	-	-	-	-	-	-	8	144		
Edmonton, Good Samaritan	-	-	-	-	-	1	-	-	-	-	-	-	-	2	-	-	-	-	-	3	1	-	-	172	6	3	-	-	-	-	-	-	-	1	195		
Edmonton, Hardisty	-	1	1	-	-	-	2	-	1	-	-	-	-	1	1	1	1	-	-	1	3	-	3	112	1	1	-	-	-	2	-	-	-	1	131		
Edmonton, Holyrood	-	-	-	-	1	-	-	-	-	-	-	-	1	-	-	-	2	-	-	3	-	-	1	65	1	1	-	-	-	-	-	-	-	2	74		
Edmonton, Jubilee Lodge	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	1	-	-	5	120	-	1	-	-	-	-	-	-	-	2	123		
Edmonton, Saskatchewan, Rivercrest	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	1	1	56	1	-	-	-	-	-	-	-	-	65			
Edmonton, Sherbrooke Lodge	-	-	1	-	-	-	1	-	-	-	-	-	1	-	-	-	-	-	1	1	-	1	-	106	1	-	-	-	-	1	-	-	-	1	114		
Edmonton, Venta	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	54	-	-	-	-	-	-	-	-	-	54			
Edmonton, Jasper Place Central Park	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	75	-	-	-	-	-	-	-	-	-	77			
Edmonton, St. Albert, Youville	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	1	-	-	-	2	2	1	126	2	4	-	4	7	3	1	-	2	158			
Stony Plain, Good Samaritan	-	1	-	-	-	1	-	-	-	-	-	-	-	-	-	-	2	3	1	2	-	-	-	49	5	-	6	1	-	-	-	-	3	75			
Sub Total	1	9	2	-	4	3	7	-	1	-	-	-	1	3	-	2	5	10	5	11	4	9	11	1157	18	13	8	9	12	4	2	-	19	1330			
Athabasca, Blunt's	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	1	3	-	1	-	37	6	-	-	-	-	49			
Barrehead, Barrehead	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	38	7	1	-	-	-	-	49				
Bonnyville, Blunt's	-	5	-	-	-	-	-	-	-	-	-	-	-	-	-	-	4	2	-	-	1	-	-	6	-	-	1	-	29	-	-	-	1	50			
Camrose, Bethany	-	-	-	-	-	-	-	-	-	-	-	1	2	-	-	-	1	-	58	2	-	-	-	3	-	-	-	-	-	-	-	-	-	68			
Drumheller, Dr. T. R. Ross	-	-	37	-	-	-	3	-	-	-	-	1	2	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	43			
Fairview, Fairview	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	38			
Fort MacLeod, Blunt's	-	-	-	-	11	-	-	-	6	-	1	-	-	-	-	-	1	-	-	-	-	-	-	-	6	1	-	-	-	-	-	-	-	48			
Grande Prairie, Central Park	66	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	3	-	-	-	-	-	-	-	-	-	79			
High Prairie, Gamelin	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	3	-	-	-	-	-	3	-	-	-	-	-	-	-	-	-	45			
High River, Twilight	-	-	-	2	-	-	1	-	-	28	-	-	-	-	-	-	2	-	-	-	-	-	-	4	-	-	-	-	-	-	-	-	-	33			
Lacombe, Lacombe	-	-	-	-	-	-	2	-	-	-	-	-	-	-	-	-	34	35	1	-	-	-	1	8	3	-	-	-	-	-	-	-	-	50			
Leduc, Blunt's	-	-	1	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	59			
Lethbridge, Devon	-	-	-	-	57	1	1	-	-	1	1	2	21	4	-	-	-	-	-	-	1	-	-	-	1	-	-	-	-	-	-	-	-	69			
Lethbridge, Edith Cavell	-	-	1	-	63	2	3	-	-	-	-	-	-	-	-	-	2	-	-	-	1	-	-	-	1	-	-	-	-	-	-	-	-	37			
Linden, Linden	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	37			
McLennan, Notre Dame	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	49			
Mayerthorpe, Blunt's	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	49			
Medicine Hat, Sunnyside	-	-	-	-	-	78	2	-	1	2	3	2	-	-	-	-	1	-	-	-	-	1	-	7	15	-	-	-	-	-	-	-	-	1	49		
Medicine Hat, River View	-	-	-	-	-	83	-	-	5	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	4	92		
Ponoka, Northcott	-	-	-	-	1	-	-	-	-	-	-	2	-	-	-	-	48	-	7	-	-	-	-	-	-	-	-	-	-	-	-	-	-	13	103		
Red Deer, Red Deer	-	-	-	-	-	-	1	-	-	-	-	2	4	56	1	2	11	1	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	69			
Red Deer, West Park	-	-	-	-	-	-	-	-	-	-	1	-	2	52	1	2	7	1	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	75			
St. Paul, Blunt's	-	2	-	-	-	-	-	-	-	-	-	-	-	1	1	2	9	-	-	-	-	3	3	2	5	-	-	1	36	-	-	-	-	68			
St. Paul, Blunt's	-	11	-	-	-	-	-	-	-	-	-	-	-	1	1	2	-	-	-	-	-	-	-	7	-	-	-	-	1	-	-	-	-	50			
Viking, Blunt's	-	-	-	-	-	-	3	-	-	-	20	-	-	-	-	-	3	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	60			
Vulcan, Blunt's	-	-	-	-	-	1	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	33			
Wetaskiwin, Green Acres	-	-	-	-	4	1	-	-	-	-	-	-	1	1	-	-	3	43	-	-	-	-	-	-	4	1	-	-	-	-	-	-	-	50			
Sub Total	67	20	39	30	137	165	17	3	7	7	54	9	30	115	2	9	124	86	67	16	4	14	7	74	20	41	29	41	72	80	38	10	22	1456			
Grand Total	68	29	45	37	145	171	1229	3	8	12	68	21	46	121	4	11	157	96	73	28	8	23	18	1239	38	54	37	50	85	84	40	68	4126				

THE NURSING HOMES ACT

APPENDIX B

1964

CHAPTER 65

An Act respecting Nursing Home Care

(Assented to April 15, 1964)

HER MAJESTY, by and with the advice and consent of the Legislative Assembly of the Province of Alberta, enacts as follows:

Short title

1. This Act may be cited as "The Nursing Homes Act".

Interpre-
tation
"benefits"

2. (1) In this Act,

(a) "benefits" means payment by the Province for nursing home care given by a contract nursing home to an eligible patient;

"contract
nursing
home"

(b) "contract nursing home" means a nursing home the operator of which has a contract with the Minister under section 10;

"eligible
patient"
"Minister"

(c) "eligible patient" means a patient in respect of whom benefits are payable under section 12;

(d) "Minister" means the Minister of Health;

"nursing
home care"

(e) "nursing home care" means the following services to patients, namely,

(i) accommodation, meals and laundry,

(ii) personal services such as help and supervision in cleanliness, mobility, safety, feeding and dressing,

(iii) special diets when necessary,

(iv) routine drugs and dressings as ordered by the attending physician,

(v) recreational, diversional and re-activational activities,

and such other services as are prescribed by the regulations.

(2) Except where the context otherwise requires, all words used in this Act have the same meaning as they have under The Alberta Hospitals Act.

Auxiliary
hospital
district as
nursing
home
district

3. (1) The councils of the included municipalities in an auxiliary hospital district may apply to the Minister for the establishment of the district as a nursing home district.

(2) The application shall be accompanied by such information as the Minister may require respecting the need for nursing home facilities in the district.

Auxiliary
hospital
district
previously
incorporated

4. (1) Where the auxiliary hospital district has previously been incorporated under section 8 of The Alberta Hospitals Act, the application shall be made by the district board and the Minister may refer the application to the Lieutenant Governor in Council for an order vesting in the body corporate the power to provide for nursing home facilities in the district as authorized by this Act.

(2) Where an order is made under subsection (1), the Minister shall change the name of the district from an auxiliary hospital district to an auxiliary hospital and nursing home district.

Incorpor-
ation under
The Alberta
Hospitals
Act

5. (1) Where the auxiliary hospital district in respect of which an application is received has not been incorporated, nominations for membership on the first district board shall be made as provided in section 7 of The Alberta Hospitals Act.

(2) After the required nominations have been made, the application may be referred to the Lieutenant Governor in Council for an order under section 8 of The Alberta Hospitals Act incorporating the district

(a) With all the powers mentioned in that section, except the power mentioned in clause (d) of subsection (2) thereof, and

(b) with the power to provide for nursing home facilities in the district in accordance with this Act.

(3) Where an order as mentioned in subsection (2) is made, the Minister shall change the name of the district from an auxiliary hospital district to a nursing home district.

(4) If an auxiliary hospital program for a district to which subsection (1) refers is submitted and approved in accordance with The Alberta Hospitals Act, the powers to be withheld under subsection (2) may be granted and in that case the name shall be changed to an auxiliary hospital and nursing home district.

General
powers

6. Subject to this Act, an auxiliary hospital and nursing home district or a nursing home district is a hospital district within the meaning of The Alberta Hospitals Act and the board of the district has all the powers, rights and responsibilities with respect to nursing homes that a district board has with respect to auxiliary hospitals under The Alberta Hospitals Act and regulations, to the extent that they are applicable to nursing homes.

Nursing
home
program

7. After the making of an order pursuant to section 4 or 5, the board shall, in accordance with the regulations, develop a nursing home program for the district and submit it to the Minister for approval.

7a. (1) On the request in writing of at least one-half of the members of a board the Minister may study a nursing home program that the board has under consideration for the district and if, after the study, he is of the opinion

(a) that the implementation of the proposed program is being inordinately delayed, or

(b) that, having regard to the size and population distribution of the district and the location of other medical facilities, the proposed program should be varied to better meet the needs and conveniences of the residents of the district,

the Minister may give such directions to the board for the implementation of the nursing home program as he considers proper.

(2) In giving the directions, the Minister shall indicate where any nursing home is to be situated in the district and under whose ownership and administration it should be operated. (1967, C.57.S.2.).

Nursing
home
facilities

8. After approval of the program and subject to this Act and the regulations, a board has power to

(a) construct, operate, maintain, manage and control one or more nursing homes in the district,

(b) lease facilities in the district to a person who will operate them as a nursing home to serve residents of the district,

(c) enter into an agreement with a person for the provision and operation by that person of a nursing home in the district to serve residents of the district, and

(d) give its approval to any nursing home within the district that meets the requirements of the regulations, and forms part of the nursing home program of the district.

Appeal on
refusal of
application

9. Where a board refuses or fails to approve a nursing home, the operator of the home may appeal to the Lieutenant Governor in Council who may recommend to the district board approval of a nursing home.

Nursing
home
contracts

10. (1) The Minister may enter into a contract on the approval of the district board with the operator of an approved nursing home for the provision of nursing home care to eligible patients and for the payment to the home by the Province of an amount on a patient day basis, as prescribed by the regulations.

(2) Notwithstanding anything contained in this Act or the regulations or a contract entered into pursuant to subsection (1), during the first year after the establishment of the nursing home program of a district the number of contract nursing home beds in the district shall not exceed approximately three for every one thousand of population in the district.

Suspension
and cancel-
lation of
contract

11. (1) A contract with the Minister is automatically cancelled upon a change of ownership or control of a nursing home, unless the district board and the Minister give their approval of the change before the change is effected.

(2) The Minister may, upon ninety days' notice in writing, suspend or cancel a contract with the operator of a nursing home.

(3) The operator of a nursing home may, within thirty days of receiving a notice of suspension or cancellation of his contract, appeal to the Lieutenant Governor in Council who may in his discretion,

(a) confirm the suspension or cancellation of the contract, or

(b) order that the contract be reinstated, either unconditionally or subject to such conditions as he may prescribe.

Eligibility
for benefits

12. (1) Benefits may be paid only in respect of a patient in a contract nursing home

(a) who has been found by an assessment committee appointed pursuant to the regulations to require care in a nursing home,

(b) who has established his home in Alberta and has resided in Alberta either

(i) for the three consecutive years immediately preceeding the application for benefits,

or

(ii) for a period of at least ten consecutive years at any time preceding the application for benefits, and

(c) who meets other requirements or conditions prescribed by the regulations (1967, C.57.S.3.).

(2) Benefits may not be paid in respect of a patient where payment for his care in a nursing home

(a) is the responsibility of

(i) the Department of Public Welfare,

(ii) the Workmen's Compensation Board,

(iii) the Department of Veterans' Affairs (Canada),

(iv) the Department of National Defence (Canada), or

(v) the Indian and Northern Health Services of the Department of National Health and Welfare (Canada),

or

(b) is provided for under any other statute.

(3) Nothing under this Act shall be construed to prevent a person who does not desire to receive benefits as provided pursuant to this Act from assuming the entire responsibility for the payment of the costs of his care in a nursing home.

Inspections

13. The Minister or any person authorized by him or a visiting team authorized by the Lieutenant Governor in Council may at all times enter any buildings and grounds of a contract nursing home and may examine the premises and any books and records kept in connection with the operation of the nursing home and request any other information they require and the operator of the nursing home shall provide all the information so required as soon as is reasonably possible.

Prohibitions

14. (1) The term "contract nursing home" may only be used to describe a nursing home the operator of which has a contract with the Minister pursuant to this Act and no person shall

(a) hold himself out as the operator of a contract nursing home, or

(b) use the term "contract nursing home" to describe a nursing home or other place operated by him, unless he holds such a contract.

(2) No person shall knowingly make or submit a false statement or falsify any report that he is required to make or submit to any person under this Act or the regulations.

Offence and penalty

15. (1) A person who contravenes this Act or the regulations is guilty of an offence and liable on summary conviction to a fine of not more than five hundred dollars and in default of payment to a term of imprisonment not exceeding ninety days.

(2) When the operator of a contract nursing home is convicted under subsection (1), his contract is subject to immediate cancellation.

Regulations

16. The Lieutenant Governor in Council may make regulations

(a) prescribing the information to be contained in the nursing home program of a district,

(b) prescribing the basis upon which the Minister may enter into contracts with the operators of approved nursing homes and the terms of such contracts,

(c) prescribing the terms and conditions upon which a district board may approve a nursing home,

(d) prescribing standards applicable to contract nursing homes, including but not limited to standards relating to the location, size, rated capacity, type of construction, equipment, accommodation and facilities of the homes and the care, services, drugs and medical supplies to be provided in the homes,

(e) prescribing other services that are to be provided as nursing home care,

(f) prescribing the records to be kept and the reports to be made by the operators of contract nursing homes,

(g) respecting the employment of staff in contract nursing homes,

(h) prescribing the number of semi-private or private rooms for which extra charges may be made to patients,

(i) prescribing the maximum amount that may be charged patients in contract nursing homes for accommodation in single and multiple bed wards,

(j) prescribing the admission policies to be followed by contract nursing homes and limiting the number of non-eligible patients that may be in a contract nursing home at any one time,

(k) providing for the establishment, composition and operation of assessment committees to determine the need for nursing home care,

(l) setting the amount payable per day by the Province with respect to eligible patients in contract nursing homes and the amount payable by patients and providing for payment by the province of all or any part of the charges of eligible patients under certain conditions to be prescribed in the regulations,

(m) authorizing the Minister to develop home care projects, and

(n) concerning any other matter he considers necessary to carry out the purpose and objects of this Act.

Amends 1963, c. 73

17. The Welfare Homes Act is amended as to section 4 by adding the following subsection.
(3) This Act does not apply to a contract nursing home under The Nursing Homes Act.

Coming into force

18. This Act comes into force on the first day of April, 1964.

APPENDIX C

REGULATIONS UNDER THE NURSING HOMES ACT**REGULATIONS UNDER
THE NURSING HOMES ACT**

1. These Regulations may be cited as "The Nursing Home Plan Regulations", and become effective April 1st, 1964.

2. In these Regulations

(a) "Act" means The Nursing Homes Act;

(b) "Board" means the board of an Auxiliary Hospital and Nursing Home District or the board of a Nursing Home District;

(c) "Executive Director" means the Executive Director of the Hospitals Division of the Department of Public Health of the Government of the Province;

(d) The interpretations set out in Section 2 of The Nursing Homes Act shall have the same meaning when used in these regulations.

**Procedure of Obtaining
Approved Nursing Homes**

3. The district board in conjunction with whatever persons or agencies it deems necessary shall develop a nursing home program for the district which shall be sent to the Minister for approval and shall include:

(a) a list of existing facilities, stating in each case location, capacity, ability of building to meet physical standards and care standards, level of care experience and suitability to meet the needs of the area being served;

(b) total number of persons within the district and the estimated number of persons:

- (i) who would qualify for nursing home care,
- (ii) who might be admitted to nursing homes,
- (iii) qualified on waiting lists of existing homes;

(c)

- (i) the total number of nursing home beds required to meet the need,
- (ii) existing number believed to meet standards,
- (iii) net number of beds required and number of nursing homes involved,
- (iv) plan of how the needs are to be met with proposed locations,
- (v) long range plans for future considerations.

(d) complete details of the nursing homes recommended by the board for contracts with the Department of Public Health indicating priority in which contracts shall be made.

4. In developing a program, a board shall give uniform consideration to all types of ownership and to all proposals made to it for the provision of nursing home facilities.

5. Applications for approval to construct or operate a nursing home shall be made to the district board in duplicate and shall contain:

(a) full particulars of the applicant, ownership and operation,

(b) particulars of location of home,

(c) size,

(d) type of construction, number of stories, type of accommodation (e.g. number of rooms, beds per room, wards semi and private).

6. A board shall send an executed copy of every agreement pursuant to Section 8 of the Act and every amendment to an agreement between the board and the owners of a non-district contract nursing home to the Executive Director.

Administration

7. (1) Procedure for admission to a contract nursing home as an approved patient shall be:

(a) Application shall be made by the attending physician on the prescribed form to the Assessment Committee of the district in which the nursing home is located.

(b) When a patient for whom an application is being made has not had a complete medical examination within one month prior to application for admission, the Assessment Committee may require the patient to be admitted to a general or auxiliary hospital for a period of time for examination and assessment before consideration is given to the application.

(c) The Assessment Committee shall send two copies of approved applications to the contract nursing home which shall then arrange for admission.

(d) Upon admission of an approved patient, the contract nursing home shall forward one copy of the completed assessment form to the Executive Director and retain one copy which shall be part of the patient's record.

(e) Where a nursing home patient has been referred to a hospital for short term treatment, the contract nursing home shall upon completion of hospitalization, arrange for immediate re-admission of the patient at the request of the attending physician without the necessity of prior approval from the Assessment Committee or if a bed is not available, the patient's name shall be placed at the head of the waiting list.

(2) Any eligible patient assessed to be in need of nursing home care must be accepted by a contract nursing home if a vacant bed is available in the home.

(3) The number of persons in a contract nursing home who do not qualify for nursing home care shall not at any time exceed 20% of the rated capacity of the contract nursing home.

(4) An effort shall be made to assign to a patient accommodation that is pleasing to him commensurate with his ability to pay and with his needs.

(5) A complete listing of a patient's belongings and funds in his possession on admission shall be made in duplicate and be signed by the representative of the contract nursing home and by the patient or his representative and one copy should be given to the patient or his representative and reasonable measures taken to safeguard the patient's belongings.

(6) Cash turned over to the nursing home management for safe-keeping shall be deposited in a patient's trust account, a receipt given to the patient or his representative, and proper records kept of the trust fund.

(7) Where a patient is considered incapable of handling his own affairs and a next-of-kin is not performing this service, the operator of the contract nursing home must apply to the Public Trustee to establish a trust account on behalf of such patient.

8. (1) There shall be a separate patient case record maintained for each patient which shall contain:

(a) Admission and assessment form completed by the physician and the Assessment Committee.

(b) Admission record completed prior to or at the time of admission and shall contain identifying information such as patient's name, marital status, age, sex, home address, religious affiliation, name and address of attending physician and his alternate, name and address of next-of-kin, information concerning referral, if any, date of admission and shall bear the signature of the operator or his authorized agent and the patient or his representative.

(c) Inventory of personal effects.

(d) Physician's notes and orders which shall be signed and dated by the attending physician.

(e) Dentist's notes and orders which shall be signed and dated by the attending dentist.

(f) Nursing notes. This section of the record shall contain significant observations made by the nursing and treatment personnel and indicates of consequence. Entries shall be dated and signed.

(g) Discharge sheet. Every record shall include information concerning the patient's discharge from the contract nursing home such as: discharge diagnosis or cause of death, whether discharged with or without physician's consent, where and to whom discharged, and other information of this nature.

(2) The patient's case record shall be kept on file in the nursing station until the patient is discharged, when it shall be filed for a period of not less than five

years in a place of safe storage in the contract nursing home after which time it may be destroyed.

9. The operator of the contract nursing home shall forward to the Executive Director such records, reports and returns as may be required including an audited financial statement on the basis of each calendar year.

10. The Minister or any person or persons designated by him may make all necessary inquiries into the management and affairs of contract nursing homes, may visit and inspect contract nursing homes and may examine contract nursing home records for the purpose of verifying the accuracy of reports and ensuring that the Act and the regulations are being followed.

Financial

11. An approved patient shall be required to pay an amount not exceeding:

(a) \$3.50 per day for standard ward accommodation, nor

(b) \$2.00 per day for semi-private room and \$5.00 per day for private room accommodation in addition to the charge for standard ward accommodation when such preferred accommodation has been provided at his request.

12. The Province shall pay to each nursing home under contract a payment not exceeding \$5.25 per patient day with respect to each approved patient.

13. (1) No contract nursing home shall have:

(a) a proportion of non-eligible patients in the home in excess of 20% of rated capacity not including patients mentioned in Section 12 subsection 2 of the Act;

(b) a proportion of preferred accommodation charged for in excess of 30% of the rated capacity of the nursing home;

(2) A contract nursing home shall not exceed its rated capacity.

14. (1) A nursing home day shall include the day of admission and all subsequent days excluding the day of discharge.

(2) Patients away from a contract nursing home for a period not exceeding 48 hours shall be classed as in-patients for which the usual charges may be made.

15. The cost of operation of the district board shall be the responsibility of the municipalities included in the auxiliary hospital and nursing home district or nursing home district.

16. The fiscal year of contract nursing homes shall coincide with the calendar year.

17. The board may on its own authority by resolution authorize the borrowing of such sums of money it deems necessary.

18. The district board shall establish a district assessment committee consisting of representation from the medical profession and local social workers and welfare agencies.

Building Standards

19. (1) Preparation of plans of contract nursing homes and minimum construction standards shall be as prescribed in Schedule I of these Regulations. The Hospitals Division may exercise its discretion in the application of physical standards, other than provincial fire and sanitary regulations, to existing facilities.

(2) All contract nursing homes shall follow the requirements of "The Fire Prevention Act Regulations pertaining to Nursing Homes", administered by the Provincial Fire Commissioner.

Standards of Care

20. Operators of contract nursing homes shall arrange for patients to obtain necessary health services as requested by the patient or their next-of-kin, and when a patient is not competent and has no next-of-kin, operators shall arrange to obtain the necessary health services required by the patient.

21. (1) Registered or graduate nurses shall be employed on a full time basis and be responsible for patient care.

(2) At least one nurse shall be provided for each seventy-five patients.

(3) No one except a registered nurse or a physician shall be responsible for the medication given to a patient.

(4) Each contract nursing home shall employ sufficient personnel to assure safe and efficient nursing home care on a 24-hour day basis.

22. (1) The basic diet requirements of nursing home patients shall be provided in accordance with Canada's Food Guide as approved by the Canadian Council on Nutrition.

(2) Persons receiving care in a contract nursing home shall be provided with satisfactory special diets where these are considered necessary by the attending physician.

(3) Contract nursing homes shall meet the special

food requirements of patients prescribed by their religious beliefs.

(4) Special diet records shall be recorded on the patient's record.

(5) Sanitary conditions shall be under the jurisdiction of local health authorities.

(6) At least three meals per day shall be served with not more than a 14-hour span between a substantial supper meal and breakfast.

(7) Reasonable efforts shall be made to encourage patients, who are capable and those who can be assisted, to take their meals in the dining room.

(8) Menus shall be planned and written at least one week in advance.

(9) Cyclic menu planning shall be of not less than two weeks and menus shall be different for the same day of consecutive weeks.

(10) Records of menus as served shall be filed and maintained and shall be available for inspection.

(11) Special or modified diets which are part of medical treatment shall be prescribed in written orders by the attending physician.

(12) Personnel and visitors eating meals or snacks on the premises shall be provided with dining facilities separate from and outside of the food preparation, tray service and dishwashing areas.

23. (1) Persons receiving care in a contract nursing home shall be provided with the necessary reactivational therapy to prevent deterioration to the extent possible.

(2) Each contract nursing home shall arrange for or provide individual and group activities, recreational and diversional opportunities suited to the needs and interest of its patients.

(3) Contract nursing homes shall co-operate with the clergy in the community in meeting the spiritual needs of patients and, having regard to the nursing home size and circumstances permitting, utilize suitable space for religious services.

(4) Where feasible, patients shall be permitted to leave the premises to visit, shop, attend church or social activities.

(5) Patients shall not be required to remain in their rooms and physical restraint shall not be used except on order of a physician.

24. Every precaution shall be taken to ensure the safety of patients and staff.

SCHEDULE 1

**MINIMUM STANDARDS OF NURSING HOME
CONSTRUCTION UNDER THE REGULATIONS
OF THE NURSING HOMES ACT**

In this schedule "shall" indicates a requirement; "should" indicates a recommendation.

Site Selection

1. The site of a nursing home shall:

(a) be reasonably accessible to the centre of community activities, physician services, hospitals, transportation facilities, and located within the service area of a fire department.

(b) have good drainage, adequate sewerage, water, electrical, telephone, and other necessary facilities available on or near the site;

(c) be provided with adequate roads, walks and parking areas within the lot lines;

(d) provide sufficient space suitable for outdoor recreation at the site;

(e) be in an area reasonably free from objectionable noises, smoke and fumes.

Survey of Site

2. Every nursing home should have a survey of the site prepared by a qualified engineer and the survey plan should indicate:

(a) the courses and distances of property lines, building lines, roads, sidewalks adjacent to or on the site;

(b) location and size of all piping, mains, sewers, hydrants, poles and wires adjacent to or on the site;

(c) topography and subsoil conditions.

Submission of Plans

3. Two copies of plans of new nursing home projects and existing facilities included in the nursing home district program shall be submitted to the Executive Director for approval and shall:

(a) include:

(i) site plan showing roads, sidewalks, parking areas and lawns,

(ii) plan of each floor including the basement at

a scale of 1/8" to a foot indicating in outline location of fixed equipment and beds,

(iii) front elevation plan indicating distance from floor to ceiling; and

(b) be accompanied by:

(i) a letter of approval from the local authority controlling zoning and building regulations

(ii) evidence of approval under: The Gas Protection Act and Regulations, The Elevator and Fixed Conveyances Act and Regulations, The Fire Prevention Act and Regulations, and The Public Health Act and Regulations.

4. (a) No nursing home shall provide for less than 30 beds or for more than 100 beds, unless warranted by special circumstances.

(b) Approved plans shall not be altered without the approval of the district board and Executive Director.

Corridors

5. (a) All corridors used by patients shall be:

(i) not less than seven feet wide,

(ii) well lighted, and

(iii) equipped with handrails securely mounted along both walls.

(b) All corridors shall have exits or shall open into corridors that have exits.

Ramps

6. Ramps should be avoided where possible but where they are necessary they shall:

(a) be not less than seven feet wide and be equipped with sturdily mounted handrails or banisters.

(b) have gradual slopes of non-slip material to permit safe travel by wheelchair patients.

Stairways

7. (a) Stairways used by patients shall have low risers, short runs and shall be:

(i) equipped with handrails and/or banisters on both sides,

(ii) not less than three feet eight inches wide between handrails,

(iii) well lighted day and night, and

(iv) equipped with wide non-slip treads or surfaces.

(b) Stair landings shall be wide enough to permit manoeuvring a stretcher and be equipped with handrails and/or banisters.

(c) Stairway doors shall not open directly on a step but shall open on a landing level with the floor.

(d) No arrangement of steps, known as winders, shall be permitted.

Doors and Doorways

8. (a) All doorways through which patients pass shall not be less than three feet eight inches wide except that doorways to individual toilet rooms adjacent to patient rooms may be three feet wide.

(b) Thresholds at doorways shall be flush with the floor.

(c) Doors shall not swing into the corridors except closet doors.

Elevators and Dumbwaiters

9. (a) Elevator platforms shall not be less than five feet four inches by eight feet.

(b) Elevator doors shall have a minimum opening of three feet ten inches.

(c) Elevators shall be equipped with:

- (i) automatic self-levelling devices,
- (ii) slow action doors that can be stopped easily,
- (iii) low controls and call buttons for the convenience of patients in wheelchairs,
- (iv) large numerals, buttons and floor indicators,
- (v) emergency alarms, and
- (vi) sturdy hand rails.

10. (a) Dumbwaiters when provided, shall have metal cabs.

(b) All openings shall be equipped with doors having a self-closing device and a positive latch.

Floors

11. (a) Floors of patients rooms shall be above ground level.

(b) Floors in utility rooms, bathrooms and toilets shall have waterproof surfaces which are wear resistant.

(c) Floors in kitchens, laundry and boiler room should be waterproof, resistant to heavy wear and provided with drains.

Walls and Ceilings

12. (a) Wall bases should be smoothly coved at the floor line.

(b) Walls in kitchen, utility room, toilets, bathrooms, laundries and spaces with sinks should be finished with a hard, washable, impervious material to a point above the splash or spray line.

13. (a) Ceilings in noisy areas should be acoustically treated and shall be not less than:

- (i) eight feet from the floor in patient areas,
- (ii) ten feet from the floor in kitchens, laundries and boiler rooms.

(b) Ceilings of kitchens, laundries, boiler rooms, utility rooms, bathrooms and toilets, should be painted with waterproof paint.

(c) Ceilings of boiler and laundry rooms situated under patient areas shall be insulated against heat transmission.

Water Supply and System

14. (a) The water supply system, plumbing systems, including water distribution, piping, drainage, and vent piping, fixtures, and other appurtenances shall be designed and installed in compliance with Regulations under The Public Health Act and Fire Prevention Act.

(b) Thermostatic valves shall be used in the water supply to all shower stalls and bathtubs with showers.

(c) The water heating and distribution system shall be adequate to supply the following demands:

- (i) 4½ gallons at 125° F. per hour per bed for general fixtures,
- (ii) 4 gallons at 180° F. per hour per bed for kitchen use,
- (iii) 4½ gallons at 180° F. per hour per bed for laundry use where the nursing home operates a laundry.

Electrical Installations

15. (a) All electrical systems or alterations to existing systems in a nursing home shall conform to the requirements of the current edition of the Canadian Electrical Code and the regulations under the Electrical Protection Act, and equipment and materials used shall meet the standards of the Canadian Standards Association.

(b) General illumination and night lights shall be switched at the door.

Lighting

16. (a) Glare free lighting shall be provided.
- (b) There shall be individual reading light facilities at each bed and sufficient outlets for electrical appliances.
- (c) Reduced lighting shall be provided in corridors and central toilet rooms.

Emergency Lighting

17. Emergency lighting shall be provided for exits, stairways and corridors which shall be supplied by a second utility emergency service, at least to the level of a battery system with automatic switch.

Heating

18. (a) A central heating system with capacity to raise temperatures in patient areas and corridors to a minimum of 75 degrees Fahrenheit during coldest periods shall be provided.
- (b) Thermostatic controls shall be located in appropriate zones to maintain comfortable temperature.
- (c) Heating equipment and fixtures should be properly shielded.

Ventilation

19. (a) Ventilation through the use of windows, a forced air system or a combination of both shall be so arranged that every patient shall receive sufficient fresh air.
- (b) The ventilating space for natural ventilation shall be not less than four per cent of patient floor area.
- (c) Utility rooms, toilets, baths, kitchen, laundry and boiler room, shall be provided with suitable ventilation to change the air once every six minutes.
- (d) Ducts ventilating bathrooms or toilet rooms shall not be connected to other duct systems.

Windows

20. (a) The glass area of each patient room shall be at least ten per cent of the floor area of the room,
- (b) All windows, doors and openings to the outside shall be screened against flies.
- (c) Windows sills of bedrooms, sitting rooms and dining rooms shall be not more than two feet six inches above the floor.

Nursing Unit Facilities

21. (a) Each nurses' station shall service no more than 75 beds, be centrally located and provide for charting and medicine storage.
- (b) At least two rooms in each nursing unit shall be private rooms.
- (c) Each nursing unit shall have a utility service room which shall provide for the separation of clean and dirty work areas and be equipped with:
- (i) a sink set into counter or with drainboards,
 - (ii) a service sink with bedpan flusher.
- (d) In each nursing unit there shall be included:
- (i) a staff toilet and wash basin adjacent to the nursing station,
 - (ii) a ward pantry,
 - (iii) equipment storage,
 - (iv) linen cupboard,
 - (v) sitting room or sun parlour,
 - (vi) telephone for patients' use.

Patient Bedrooms

22. (a) The minimum room sizes, exclusive of closets, wardrobes and toilet rooms, shall be:
- (i) 100 square feet per bed in a single bedroom,
 - (ii) 80 square feet per bed in a multiple bedroom.
- (b) Not less than a 3 foot space shall exist between beds and between the foot or side of beds and wall.
- (c) No room shall contain more than 4 beds or be more than 2 beds deep from the outside wall.
- (d) One wash basin shall be provided in each bedroom or if adjacent rooms have not more than two beds, the wash basin may be installed in the toilet room. Wash basins shall be supported on brackets to permit access by wheelchair.
- (e) Each room having more than one bed shall have ceiling mounted curtains.
- (f) Each patient shall have a clothes closet or wardrobe and a bedside cabinet in his room.
- (g) Where a patient is served meals in his room, an overbed table shall be provided.
- (h) Each patient shall have at his bedside a signalling device which registers at the bedside, in the corridor and at the nurses' station.

Patients' Toilets

23. (a) One enclosed toilet is required for each 8 patients and shall be directly accessible from bedrooms.

(b) Toilet rooms must be large enough to manoeuvre a wheelchair and doors shall swing out.

(c) Grab bars easily reached shall be provided at each toilet, tub or shower.

Bathing Facilities

24. (a) Bathing facilities to the extent of one bathtub or one shower for each 18 beds shall be provided in each nursing unit.

(b) Bathroom facilities shall be arranged to ensure privacy between male and female patients.

(c) One free-standing bathtub shall be provided in each nursing unit.

(d) Showers shall not be less than four feet square and shall be without curbs for wheelchair use.

(e) Each room or compartment shall provide space for use of bathing fixture, wheelchair, dressing and attendant.

(f) A wash basin and a toilet shall be provided in each bathing area.

SERVICE FACILITIES**Kitchen**

25. (a) The kitchen shall not serve as a passageway between work or patient area.

(b) A dishwashing unit is desirable and should be separate from the food preparation and serving area.

(c) Hand-washing facilities are necessary.

Dining and Recreation Areas

26. Separate space shall be provided for personnel dining commensurate with the size of the home. Dining room space sufficient for seating approximately 60% of patient capacity shall be provided and consideration should be given to a recreation area adjacent to the dining room.

Laundry

27. Where laundry facilities are provided in a nursing home, the laundry shall be laid out and its equipment arranged so the workflow will maintain the proper separation of soiled and clean items and prevent the mingling of items in any of the various stages of processing.

Janitor's Closet

28. (a) One or more janitor's closets shall be provided on each floor for the storage and maintenance of cleaning supplies and equipment.

(b) Each closet shall have a slop sink with hot and cold running water and shelves.

Staff Lockers and Toilets

29. (a) Locker room facilities with lockers, toilets and wash basins shall be provided for employees.

(b) Staff toilet rooms shall be separate from those used by the public and by patients.

Garbage Disposal

30. Satisfactory facilities for the disposal of garbage shall be provided.

Maintenance Facilities — General Storage and Receiving — Patients' Storage Room

31. Commensurate with its needs.

ADMINISTRATIVE FACILITIES

32. The following shall be provided commensurate to the size of the nursing home:

- (a) administrative office or offices,
- (e) Outdoor recreational areas.
- (b) lobby area,
- (c) public toilet for each sex,
- (d) public telephone.

ANCILLIARY FACILITIES

33. Sufficient areas shall be provided for the following purposes commensurate with the size of the nursing home:

- (a) Physical and diversional activities.
- (b) Examining and treatment room in large nursing homes.
- (c) Barber and Beauty Shops (other space can be used periodically).
- (d) Religious services (utilization of suitable space).

REPORT TO THE MINISTER OF HEALTH

**A REVIEW OF
THE COST OF OPERATING
AND
LEVEL OF CARE
IN
THE NURSING HOMES UNDER CONTRACT
UP TO
30 JUNE, 1968**

J. D. Campbell, M.Com. (Queen's), F.C.A., R.I.A.
Deputy Minister of Hospital Services
Department of Health.

Introduction

When The Alberta Nursing Home Plan was implemented 1 April, 1964, the problem of determination of the negotiated subsidy rate payable by the Provincial Government was first encountered. At that time it was recognized that the situation which was faced involved numerous factors involving costs which would in all likelihood be reduced in significance as the Plan matured. Some of the more significant areas involved occupancy rates, initial costs of operation and, in general, the stability of the operation in line with the concept of the role of the nursing home in the concept of progressive patient care area.

It was recognized that the Provincial Government, through the subsidy paid, and the patient, through the co-insurance payment, were purchasing a service from the owners. The total payment received by the owners for these services would be represented by a cost of operation by the owners representing a reasonable degree of efficiency, including a reasonable rate of return on the investment made by the owners in providing the services provided. It was agreed that the contract rates determined would be reviewed yearly in an attempt to ascertain their adequacy.

It is recognized that as the number of operators increase the question as to a representative cost profile of an operation for rate determination tends towards a median position. Trends become more significant, particularly in ascertaining the level of cost increase over a given period.

Basis of Investigation

As at 1 January, 1968, it was made mandatory that each of the owners of the nursing homes under contract provide the Hospital Services Section of the Department of Health with monthly cost and operation statements. An indices program was written for the nursing homes utilizing the data provided by them and the first indices were sent to the nursing home operators prior to 1 September, 1968, covering the six-month period to 30 June, 1968.

On the basis of the financial data presented by the nursing homes for the calendar year 1967 and for each of the first six months of the calendar year 1968, relevant information was assembled as to the costs involved by the nursing home which ranked in the median position of the group to which the nursing home had been assigned. The nursing homes had been assigned to one of the three groups determined by location. All nursing homes in Edmonton and Calgary were treated as one group. The nursing homes located in the other major cities and towns were included in the second group, and the third group encompassed the smaller centres of population.

In our investigation of the costs of operation in the prior years three major categories were involved, namely, financial, domiciliary and personal care. The interrelationship between costs incurred in the personal

and domiciliary care areas and the necessary allocation has led to a consideration for rate determination of two major categories of costs, namely, financial and a combination of personnel and domiciliary. The information for this study was obtained from the application of the indices computer program to the factual data submitted by the nursing home operators up to and including the month of June, 1968.

The examination of the cost factors alone was not considered adequate since the payments made by the patients or guests and the Provincial Government represent a payment for services purchased. An attempt has been made through the media of the information pertaining to the level of care presented to obtain some indication of this factor. This is supplemented by our regular personal inspection of the nursing homes' operation.

A. Costs of Operation

As previously stated, the costs of operation were considered under the two main categories of financial or capital costs, and personal care costs and domiciliary care costs combined.

I. Capital Costs

As stated in the previous years' reports, the various factors involved in regard to capital costs have not changed radically from the previous year. It is difficult to assess the information presented on the indices as to capital costs since the various owners have entered into contractual arrangements which vary both as to methods of financing as well as the methods and time of repayment. On the basis of the reported financial costs the medium group indicate a reducing amount per patient day all of which range in the vicinity of \$2.00. In the case of the nursing homes located in the rural areas and smaller towns, the rate dropped from \$2.37 in 1967 to \$1.86 for the first six months of 1968. This was in part accounted for by the increase in occupancy. A similar change was reflected in the nursing homes reporting in the group involving nursing homes located in the balance of the cities other than Calgary and Edmonton.

Basic evidence supporting the rate for capital costs established in 1966 at \$2.00 is not available in the indices. It is considered reasonable that the factors accepted in the determination of this rate in 1967 still apply to the situation in 1968. The assumption has, therefore, been made that in assessing the patient day rate established for 1967 and 1968 the capital cost factor of \$2.00 per patient day is still valid representing a reasonable rate of return on capital invested by the owners and outsiders.

II. Personal Care Costs and Domiciliary Care Costs

The review of the reported costs falling under the above categories indicates that an approximate increase

of \$.50 per patient day applied which represents an average increase in costs for a year period of \$.25.

The indices for the month of June, 1968, reflect a combined patient day cost for these two categories for all three groups ranging in the vicinity of \$6.25. For the year 1967, the similar figure was in the vicinity of \$5.60 for the nursing homes in the city and town areas, and \$6.25 for the nursing homes in the smaller centres, due in part to occupancy in this latter area. No attempt was made to indicate the effect of supplementary revenue from private and semi-private accommodation in the figures presented since the presence of private and semi-private charges varies widely between the various nursing homes.

B. Level of Care

Frequent references have been made that the inadequacy of the rates of payment under the nursing home plan are tending to a reduction of the level of care which is offered by the nursing home operators.

Our periodic inspections of the nursing homes have not indicated that this pattern is developing within the nursing homes in Alberta. From time to time the level of care measured by the number of nursing personnel hours per patient day may vary.

The information presented by the indices including the month of June, 1968, indicates an increase in this indice over the corresponding indice for 1967 in the case of both the nursing homes in Calgary and Edmonton and in the nursing homes in the smaller cities. The indice dropped in the case of the nursing homes in the towns and rural areas where the change in occupancy was a factor.

From the above information it would be reasonable to draw the conclusion that the nursing home operators are maintaining the level of care which has been established. The statement that a decreasing level of care has resulted from an inadequate level of reimbursement can be open to question.

ANP



A HAPPIER WAY OF LIFE

FOR THOSE WHO NEED NURSING HOME CARE

ALBERTA

NURSING HOME PLAN



Handicrafts on Display and Refreshments



Exercise Period

GENERAL INFORMATION

The purpose of The Alberta Nursing Home Plan, which was established in April 1964, is to provide care for those who are not well enough to be accommodated in a senior citizens' lodge and yet not sick enough to be in a hospital. The Plan, however, is not restricted to senior citizens but is intended for any person requiring such personal services as help in walking and getting in and out of bed, assistance with bathing, dressing or feeding, preparation of special diets, supervision of medications and other types of personal assistance of this order.

The nursing homes which operate under the Plan are approved by the local board of the nursing home district in which they are located and are subject to the requirements of The Nursing Homes Act and Regulations and to the supervision of the Hospital Services Section of the Department of Health which administers the Plan in conjunction with the district boards.

All new nursing homes being built must comply with the Minimum Standards of Nursing Home Construction which prescribe in addition to essential services such extra facilities as barber and beauty shops and areas for the provision of diversional and religious activities.

BENEFITS

The benefits provided under the Plan consist of a payment of \$5.25 per patient per day by the Province for nursing home care given by a contract nursing home. Nursing home care includes the following services:

- (a) accommodation, meals and laundry;
- (b) personal services such as help and supervision in cleanliness, mobility, safety, feeding and dressing;
- (c) special diets when necessary;
- (d) routine drugs and dressings as ordered by the attending physician;
- (e) recreational, diversional and re-activational activities.

EXCLUSIONS

Services which are not included as benefits under the Plan and for which patients must assume financial responsibility are:

- (a) doctors' fees;
- (b) ambulance service;
- (c) transportation to or from the nursing home;
- (d) special laundry and dry cleaning services;
- (e) special drugs and medical and surgical supplies and prosthetic and other appliances;
- (f) differential charges between standard ward and private or semi-private accommodation when private or semi-private accommodation is provided at the patient's request.

ELIGIBILITY FOR BENEFITS

Benefits are provided under the Plan for any patient in a contract nursing home who

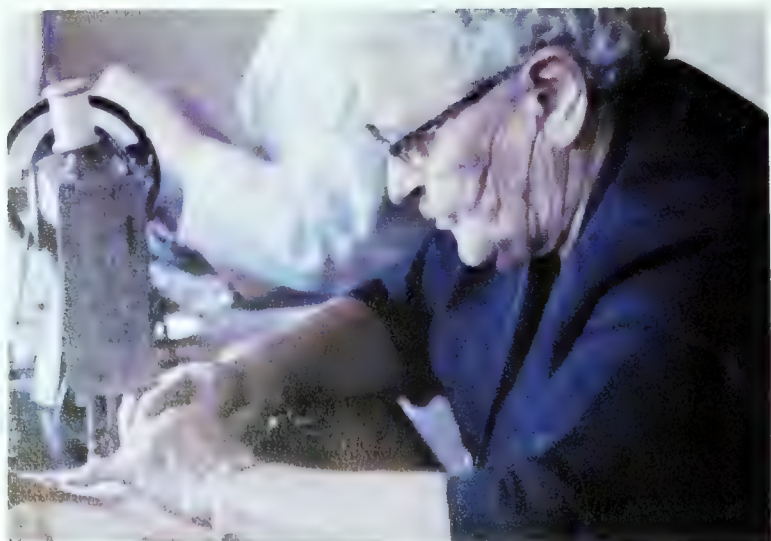
- (a) has been found by a duly appointed medical assessment committee to require care in a nursing home; and
- (b) has established his home in Alberta and has resided in Alberta either
 - (i) for the three consecutive years immediately preceding the application for benefits, or
 - (ii) for a period of at least ten consecutive years at any time preceding the application for benefits.

A temporary absence of less than twelve consecutive months from Alberta is not considered to be a break in this residency requirement providing that



A Religious Service

Sewing Machine



Quilting Bee





A Well Appointed Dining Room

◁ Patients may enjoy their own furnishings ▷



a person left with the intention of returning to his home in Alberta.

However, benefits may not be paid in respect of a patient where payment for his care in a nursing home

- (a) is the responsibility of
 - (i) the Department of Public Welfare;
 - (ii) the Workmen's Compensation Board;
 - (iii) the Department of Veterans' Affairs (Canada);
 - (iv) the Department of National Defence (Canada); or
 - (v) the Indian and Northern Health Services of the Department of National Health and Welfare (Canada); or
- (b) is provided for under any other statute.

Persons who do not qualify for benefits either because they have been assessed as not requiring nursing home care or because they do not meet residency requirements are responsible for payment of a rate determined by the contract nursing home.

However, where a person requires nursing home care but does not meet residency requirements and is unable to pay the full rate charged he may apply for assistance to the nearest regional office of the Department of Public Welfare.

No benefits are provided for care in a nursing home outside of Alberta.

CONTRACT NURSING HOMES

Contract nursing homes are nursing homes in Alberta which have

- (a) been approved by the board of the nursing home district in which they are located; and
- (b) entered into a contract with the Minister of Health for the provision of nursing home care in accordance with the requirements of The Nursing Homes Act and Regulations.

An up-to-date list of contract nursing homes may be obtained by contacting Hospital Services Section, Department of Health, Administration Building, Edmonton.



Family Gathering



APPLICATION FOR ADMISSION TO A CONTRACT NURSING HOME

A person seeking admission to a contract nursing home should follow the procedure outlined below.

- (a) The attending physician of the prospective nursing home patient must complete an Auxiliary Hospital and Nursing Home Admission Assessment Form DH. HS. 290. This form is available at all auxiliary hospitals and contract nursing homes and at most general hospitals. In any event, the form may be obtained directly from Hospital Services Section, Department of Health, Edmonton.
- (b) When completed, all three copies of the Form DH. HS. 290 must be submitted to the Medical Assessment Committee of an auxiliary hospital or of a nursing home district where such a district is not served by an auxiliary hospital.
- (c) To ensure that the applicant is referred to the type of institution which best provides the care required, the Medical Assessment Committee will determine whether the applicant requires auxiliary hospital care or nursing home care. For this reason the applicant's attending physician should also indicate on Form DH. HS. 290
 - (i) the name of the auxiliary hospital to which the applicant would prefer being admitted, should he be assessed as requiring auxiliary hospital care; and
 - (ii) the name of the contract nursing home to which the applicant would prefer being admitted, should he be assessed as requiring nursing home care.
- (d) Once the applicant has been assessed as requiring nursing home care, he should then make arrangements necessary for admission to the contract nursing home of his choice, directly with that nursing home.

RATES CHARGEABLE TO ELIGIBLE PATIENTS

Patients eligible under The Nursing Homes Act are required to pay an amount not exceeding:

- (a) \$3.50 per day for standard ward;
- (b) \$5.50 per day for semi-private room when such accommodation has been provided at the patient's request;
- (c) \$8.50 per day for private room when such accommodation has been provided at the patient's request.

Patients who are unable to pay in whole or in part the charges of \$3.50 per day for standard ward may apply for assistance to the nearest regional office of the Department of Public Welfare.

ENQUIRIES

Enquiries regarding an individual contract nursing home may be addressed to the board of the local nursing home district in which the contract nursing home is located.

Additional information may be obtained by contacting

**HOSPITAL SERVICES SECTION,
DEPARTMENT OF HEALTH,
ADMINISTRATION BUILDING,
EDMONTON, ALBERTA.**



Dining Together

Even the Young are Involved





